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Chemist & Druggist

The newsworthy for pharmacy

13 September 1975 Vol. 204 No. 4981

116th year of publication

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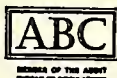
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Comment

The true price

It is a measure of the pharmacists' standing in the nation's health services that the Secretary for Social Services, Mrs Barbara Castle, was prepared to make a special trip to Norwich to address the British Pharmaceutical Conference this week (see p341).

Like all good politicians, she was well primed and took up the challenge of several points made by the Pharmaceutical Society's president, Mr J. P. Bannerman, earlier in the day. But it was Mrs Castle's controversial suggestion that greater professional recognition might depend upon the pharmacist's entry into health centres that will be most hotly contested—not least within the profession itself.

No doubt the shortage of NHS finance may have been a factor in the Minister's thinking. Privately owned (for the time being) dispensing points in the health centre are thought by some—mistakenly, we believe—to be the cheapest method of turning prescriptions into medicines, but if so—what would be the true price paid by the community?

The Minister recognised the retail pharmacist's role in health education, in providing for the public an informed and unbiased counselling service on all aspects of medicine and impressing the need for care of medicines on parents of young children.

No one doubts the potential of the pharmacist in the health centre, but it is the public that will suffer if he is coaxed or driven in without thought to the equally important roles he fulfills within the community—roles which are in themselves capable of further development, particularly in health education, and which would be vacated.

In relation to medicinal products, Mrs Castle stated she would never put economy before safety, efficacy or quality. Pharmacy demands that she applies the same standards to the service it supplies to the public.

Unasked questions

The first two reports of the Price Commission to affect the retail pharmacist were published last week (see p346) and one, on prices of sanitary towels and tampons, presents a disturbing picture of the Commission's attitude to profit and pricing policies in distribution.

The Commission's findings lead it to recommend that there should be an end of the practice of recommending selling prices—which are claimed to result in higher prices than necessary in the shops—or, alternatively, a reduction of 10 per cent in the prices now recommended.

Yet the findings are entirely predictable, the only new information coming from the Commission's privileged access to manufacturers' costs and profitability and to distributors' margins. In effect, the report shows that multiples buy in greater quantity and at greater discounts than independents.

What the Commission has failed to ask—and even, apparently, to realise as relevant—is the reason for any disparity between retail prices. It has not looked

Continued on p341

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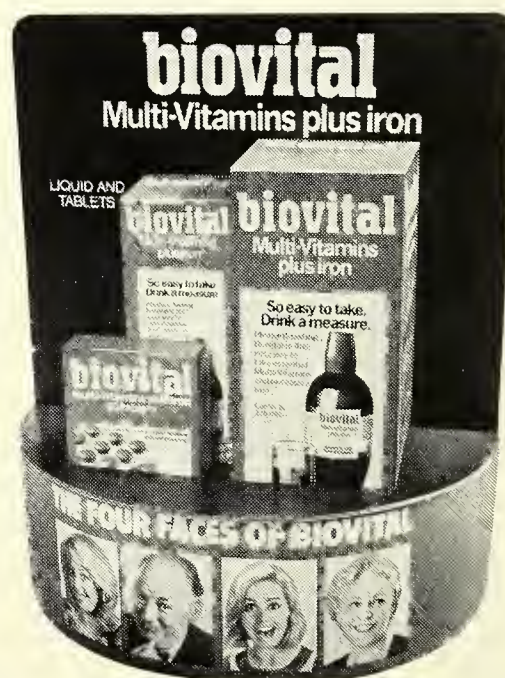
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Continued from p339

at whether the outlets selling at full RSP are making excessive overall profits, or at their more likely need for high unit margins to maintain a service. This comes through in the report's finding that most independent pharmacists buy at trade prices quoted in the C&D Price List but that others are *prepared* (our italics) to buy complete case lots on better terms. For many independents, *able* would have put the position more accurately.

Viewed with a different bias, the facts revealed in the report are that the existing structure gives the consumer the perfect choice—she can use a market-leading product and travel to town to buy it at a saving (multiples' prices are on average already at least 10 per

cent below RSP), or use the most suitable product, market leader or not, and buy it "across the road" at a penny or two more. Cut the retailer's margin option and the choice, both of product and outlet, must eventually disappear.

The Commission's claim that manufacturers could share the margin cut with the retailer has already been refuted by the industry's association. That is bad news for independents because, as was pointed out by a manufacturer in C&D recently (August 16, p218), the sanitary protection market is one of "total penetration" and the outlet is of no real consequence. It must be hoped that the Minister will heed the warnings of trade organisations before enforcing this report, which must be damaging to the public interest in the long term.

BPC NORWICH: MRS CASTLE'S ADDRESS

'You may have to accept move to health centres'

Movement into health centres may be among the changes, however painful, that pharmacists must accept as the price of achieving greater professional recognition and participation, Mrs Barbara Castle, Secretary for Social Services told the British Pharmaceutical Conference on Monday afternoon.

Admitting she was on "controversial ground", Mrs Castle saw a great future for professional collaboration between pharmacists and general practitioners. But, she asked, "Am I wrong in thinking that collaboration between doctors and pharmacists has gone so much further in hospitals than in general practice because both professions work in the same premises?"

Formidable problems faced the general practitioner—evaluation of tons of literature and claims by representatives and keeping up to date in other aspects of medical practice. In the long run GPs and their local pharmacist might meet representatives and develop a closer relationship on matters affecting prescribing.

The typical pattern of retail pharmacy in Britain was largely a response to the organisation of GPs as sole practitioners, small partnerships and groups. The key question was how to adapt retail pharmacy to the trend towards larger practices and health centres.

Did location of the pharmacist in a hospital or health centre add to the recognition by the public of the profession's standing? It could certainly be more convenient for the public, but Mrs Castle appreciated that concentration of prescribing at one place affected the business of pharmacies, which previously met the needs of the neighbourhood.

"That is why I welcome pharmacists getting together to operate a pharmacy within the health centre. I know this may mean changes for individuals and I recognise that health centres create problems to which there is no easy solution. But this seems to me the major challenge for your profession—to find ways of solving these

problems. This is the type of development which could lead your medical colleagues to seek your advice at an earlier stage."

Earlier Mrs Castle had said money would be tight for the next few years and the Health Service might have to manage with a constant budget. She asked pharmacists to encourage the economical use of drugs, making clear however that economy would never be put before safety efficacy or quality. "It must always be our aim to provide the best drugs. But the best for any purpose is not necessarily the most expensive."

Another controversial subject tackled by Mrs Castle was the "responsible person" in pharmaceutical manufacture. The analogy often drawn between the responsibility of a pharmacist making up a medicine on a doctor's prescription and the need for pharmacist to have final responsibility in large scale manufacture "is not in my view wholly satisfactory". Modern complex medicines demanded

specialisation and the basic pharmacy qualification despite its broad range might not cover all the detailed knowledge required; for that reason a pharmaceutical qualification was not accepted as the only relevant one.

In practice however, the EEC Directive was likely to lead to more "responsible persons" being pharmacists in the future since the pharmacist's basic degree covered the widest spread of required subjects.

Mrs Castle accepted it was desirable for the person with responsibility to subscribe to a professional code of ethics. There was a requirement in the Directive for member states to see that that was so or that some equally effective arrangement was introduced.

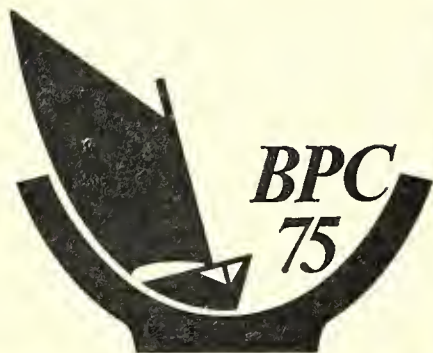
On pharmacists' disappointment at not being full members of NHS management teams, Mrs Castle said she attached importance to the teams bringing pharmacists into discussions whenever their views could be of value. But there were other professions, dentists for example, which could make similar claims for membership.

Replying to the address the president, Mr J. P. Bannerman, said the profession would not argue about the chemists' traditional role in the industry, but was he the "responsible person" for drug action and interaction? "The pharmacist is!" The audience, he said, would not argue about the pharmacist's role in health centres and hospitals and his collaboration with the medical profession. "But we see an enormous contribution outside the field of mere dispensing of medicines."

Mrs Castle arriving with Mr D. W. Carrington (left), Local Committee chairman, and Mr J. P. Bannerman, president, Pharmaceutical Society



CONFERENCE CAMERA



The audience in St Andrews Hall, Norwich



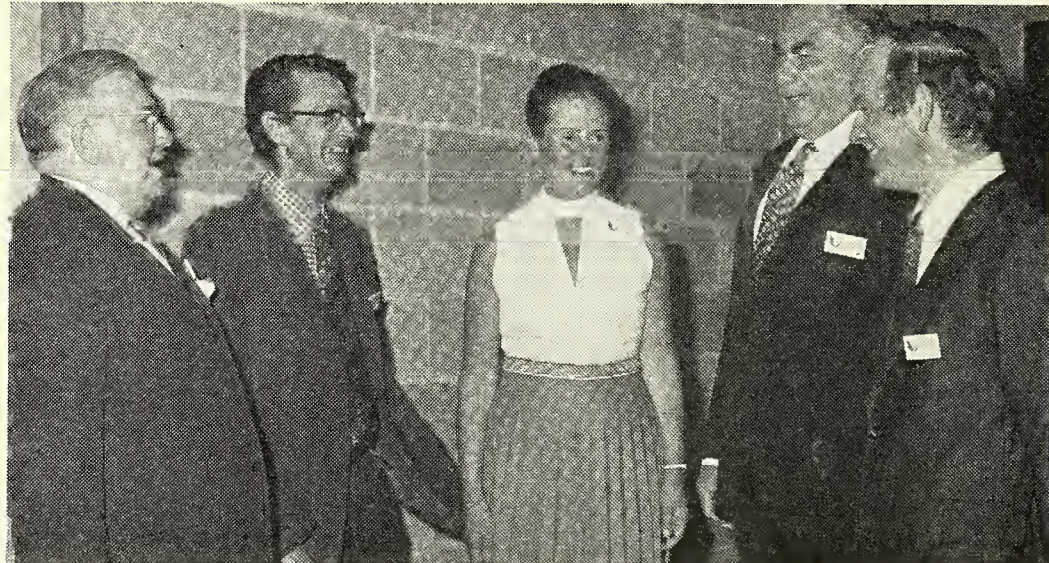
Left, Mrs Steinman, Mrs J. Bannerman, Mr A. S. G. Bannerman (Glasgow), and Mr H. Steinman (Manchester), at "Welcome to Norwich" on Sunday night



Left, Mr V. C. Hodgson (Cardiff), Mrs M. H. Lakie (Edinburgh), Mr K. J. Gray (Stirling) and Mr S. Litherland (Macclesfield), at the Welcome to Norwich celebrations



Forty-five years wedding anniversary for Mr and Mrs O. C. Wombwell of East Metropolitan Branch



Left, Mr W. Mott (Sheffield), Professor P. H. Elworthy (Manchester), Mrs C. Madge (Plymouth), Mr M. Madge (Plymouth) and Dr I. F. Jones (Halifax), at the Institute of Pharmacy Management reception



Left, Mr J. P. Curtis (Barnet), Mr R. S. Harris (Hull), Mr S. J. Curtis (Harlow), Dr T. M. Jones (Notts), Mr C. R. Hitchings (Hampstead), Dr D. Ganderton (Macclesfield) and Miss M. Hodges (London)



Left, Dr K. J. Harkiss (Bradford), Mrs A. M. T. Land (Hull), Miss P. M. Hincks (Hull), Mr H. G. Williams (London) and Mr G. M. Land (Hull) exchange greetings at the first social evening



Queuing up for the turkey at the Welcome to Norwich celebrations



Mr and Mrs J. Tomlinson (Manchester)



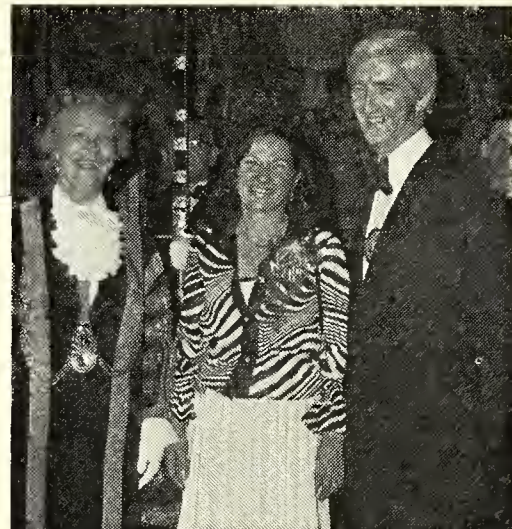
At the civic reception, left, Mrs Stearne, Mr Rodway, Mrs M. Rodway and Mr Stearne, looking at some of the many exhibits in the Norwich Castle



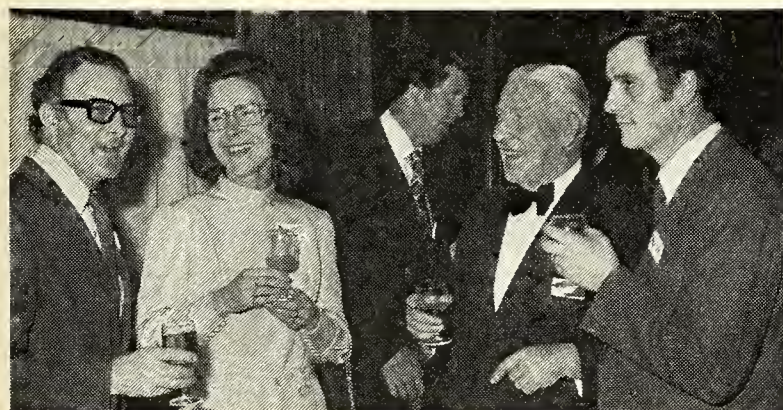
At the civic reception (from left), Mrs Metcalfe, Mrs Herring (Portsmouth), and Mr Metcalfe who is chairman of Portsmouth and District branch



Some of the guests from Australia during the President's reception for overseas guests held at the Maids Head Hotel, Norwich, on Monday night



At the civic reception in Norwich Castle, left, the Lord Mayor Mrs Joyce Morgan, Mrs J. P. Bannerman and Mr Bannerman



At the Overseas guests reception are left, Mr H. V. Feehan (Australia), Mrs R. Howells (Penfro), Mr A. Howells (Penfro) and Dr G. Schepky (West Germany)



At the civic reception, left, Mrs K. Gilby, Mr J. Gilby (Nottingham), Mrs C. Cullen (Derby) and Mrs C. Timson (Nottingham) coping simultaneously with food and conversation

BPC NORWICH: OPENING SESSION

Mr Bannerman attacks governments' indifference

Successive governments' indifference to the news of the professions, and beauracracy's belief that "it" knew best and that "they" would put up with it, were challenged by the president of the Pharmaceutical Society, Mr J. P. Bannerman, when he opened the British Pharmaceutical Conference in Norwich on Monday. "The day this country undermines and undervalues its long-established professions will be one of the blackest days in its long and mighty history."

"Show me the doctor, dentist, pharmacist, nurse, or veterinary surgeon working a 35-hour week," said Mr Bannerman. "Let any of them dare suggest a larger share of the diminishing national cake and you can be sure that the hours, weeks and months of argument to establish rights which any militant trade union would achieve overnight will teach them not to repeat the exercise too often!"

"But are we supposed to have reached the stage of degeneration when belonging to a profession is a lifetime's handicap? When intelligence, study, sincerity and application hold no more promise than an under-valued, underpaid career for patriots?"

Government tended to think of the work of the pharmacist only in relation to chemist contractors' terms of service, overlooking the much wider contribution of advice, health education and providing for long periods and without the need to make an appointment, a source of informed and unbiased counselling on medicines for the public. Only when specific problems arose such as hexachlorophene, phenacetin or digoxin, did Government departments begin to appreciate the benefits accruing when distribution of a medicine was restricted to places where someone understood the nature of what is being supplied as well as its price.

Hospitals also

In hospital pharmacy also, too often ward pharmacist schemes operated in relation to prescriptions already written rather than to advice to medical colleagues at an earlier stage. The fact that pharmaceutical officers were not full members of the management teams illustrated the view held by some people, that pharmacists had little contribution to make to the wider aspects of health service administration and planning.

Returning to his favourite theme of pharmaceutical manpower, Mr Bannerman said the number of first year students had increased from 1,141 in 1972 to 1,316 in 1974. Heads of schools had made "a gentlemen's agreement" not to increase numbers substantially, but it was difficult when there were at least ten applicants for each pharmacy place while other science course applications were diminishing



The president Mr J. P. Bannerman speaking in St Andrews Hall during the opening session

"My fear of over-production is not based on selfish reasons. Of course we do not wish to return to the pre-war situation of having too many pharmacists for the work available. My reason is that there are few sciences more expensive to teach than pharmacy. We have a duty to the country as a whole and the over-production of pharmacists is a waste of this country's financial resources at a time when they are under strain."

On EEC Directives, Mr Bannerman was critical of the change from "responsible person" to "qualified person" in the manufacture of medicines, as a result of opening the post to "a plurality" of scientific disciplines—which were adjusting their education to compete with the pharmacist in industry. "We contend that it is a pharmacist and a pharmacist alone who by his training and professional responsibility is equipped to be the 'qualified person' and we will continue to press this point."

Dealing with some of the forthcoming changes in medicines legislation, the president referred to the contention of the Society that the distribution of animal medicines should be subject to the same controls as human medicines. But, he went on, "it is regrettable that our views are contested not on the grounds of safety or the advantage which pharmaceutical supervision of sales might produce but solely for economic expediency."

Mr Bannerman revealed that 902 people had registered—thought to be the first time in the Conference's history that the number of applications exceeded the places available.

Welcoming the Conference to Norwich,



the Lord Mayor, Councillor Mrs Joyce Morgan, revealed her knowledge of health service matters from her experience as a member of the Area Health Authority and Family Planning Committee. She praised pharmacists' efforts in the service. On child-resistant containers she said there had always been the child genius who would "open it up at first go" and the older person who was "unable to open it." Although there were problems "we are practising safety" and "little harm ever came from anyone doing that."

Institute to include 'international' in title

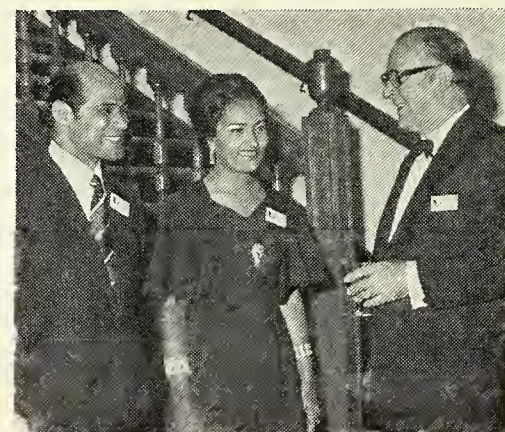
The Institute of Pharmacy Management is to change its title to Institute of Pharmacy Management International.

In Order to comply with the Companies' Act 1948 an extraordinary meeting of associate members and fellows has been called at 156 Charminster Road, Bournemouth on September 29 at 7.30 pm to receive and adopt a resolution to give effect to the change.

□ Speaking at a reception given by the Institute at the British Pharmaceutical Conference in Norwich on Sunday, the chairman, Dr Ian Jones, said that the change was felt to be necessary because of the increasing number of their overseas members, now about half the total membership and covering 27 countries.

Mr A. G. Mervyn Madge, member of the Institute's and Pharmaceutical Society's Councils, said that the Institute was still going from strength to strength; over 300 new members had joined since the last Conference, including many hospital pharmacists. He drew attention to the forthcoming conference at the Grand Island Hotel, Isle of Man, October 10-13, (see *C&D*, August 30, p258).

Pictured at the overseas guests reception in the Maids Head Hotel are (from left) Dr S. A. H. Khalil and his wife also a doctor, and Mr D. F. Lewis, secretary of the Pharmaceutical Society



More Conference news, p364

New rules on television advertising of medicines

The Independent Broadcasting Authority has taken steps to tighten up its rules about the advertising of medicines on radio and television.

On Monday the Authority published a revised code for advertisers which will in future exclude any reference in an advertisement to the approval of, or preference for, a product or its ingredients, or its use by the medical or veterinary professions. The revised code also bans any reference to depression in advertisements for analgesics.

All new advertisements must comply with the revised code. Time will however normally be allowed for existing advertisements already approved to complete their scheduled run.

The Independent Broadcasting Authority consults the Advertising Advisory Committee concerning the code. This committee includes Mr S. Howard CBE, chairman and Mr D. F. Lewis, FPS.

Guide to animal poisons published by ABPI

The Association of the British Pharmaceutical Industry published on Friday a 34-page booklet which is intended as a ready-reference guide for the veterinary surgeon to the more common poisons encountered in the United Kingdom, the symptoms they cause in the animal, and antidotes that are required for successful treatment.

The booklet, "Poisoning in Veterinary Practice," was written by Professor E. G. C. Clarke, MA, PhD, DSc, FRIC, emeritus professor of chemical toxicology at the Royal Veterinary College, and a world authority on the subject of poisoning in animals.

In a preface to the booklet, Professor Clarke points out that it is not a substitute for a text book on toxicology. It merely attempts to give, in as concise a form as possible, advice on the diagnosis and treatment of poisoning.

Australian government may owe pharmacists \$100m

The Australian government has been underpaying pharmacists by a substantial amount, according to the July *Australian Journal of Pharmacy*.

An inquiry into pharmacy earnings in 1972-73 estimates that the government owes pharmacists between \$60m and \$100m in retrospective fee payments, with the amount "dependent on Cabinet's view of the figure it can afford to pay" in the current economic climate. The pharmacists may make further claims to allow for the inflation of the past two years.

However, the Health Department's negotiators claim that adjustments to NHS

dispensing fees should be related only to "efficient" pharmacies, a method which would reduce the government's payment by 70 per cent, the article continues, and the Pharmacy Guild has raised strong objections.

□ The federal government was to introduce in August *The Australian Prescriber*, a magazine aiming to give an objective view of the drug field to health professionals, including pharmacists.

Chemists' July sales up 20 per cent

Retail sales by all chemists and photographic goods dealers—including independents—were 20 per cent higher during July than the corresponding month last year. According to the Department of Industry, this compares to a rise of 19 per cent for businesses generally. The new index for all chemists (1971 = 100) now stands at 185, with 176 for independent chemists. Figures for multiple and co-operative society chemists are not given, and NHS receipts are excluded from the calculation.

□ The final seasonally adjusted index of volume sales generally in July is 104.7 (1971 = 100), about the same level as in June.

Contractors' conference agenda criticised

A Press statement by the Counterbalance Association of chemist contractors criticises the agenda for the September area contractors committee conference. It states that the original proposals which were to be put before the conference held the prospect of wide changes in the NHS contract being placed before the Department of Health and Social Security.

They had been debated by each area committee in isolation and they included proposals for a basic practise allowance and the redistribution of the "global sum" available to the community pharmaceutical service.

After area committees had expressed their opinions to the Central NHS (Chemist Contractors) Committee, the Central Committee claimed that the wide divergence of opinions expressed was responsible for "putting on ice" the two major elements within the proposals. The remaining proposals concerned relatively minor changes which hardly warranted the calling of a conference and all the attendant expense.

The statement continues: "The association senses a wide division of opinion between the separate elements of the Central Committee and questions the Central Committee's purpose in proceeding with a conference which has so little to propose. The Association believes that the

"Service, not lower costs is manufacturers' aim"

The "battle" for the shelf space of retailers makes it important for manufacturers to put emphasis on the "customer service" side of the distribution balance rather than on the cost reduction side states a Nielsen report aimed at the grocery trade. "Competition for space on the crowded shelves is increased by retailers' natural desire to widen their range of merchandise beyond the traditional limits of grocery products, whilst manufactures also contribute . . . by keeping up a steady stream of new products," the report states. *Out of Stock who loses?* Nielsen Researcher No 3, 1975, Nielsen House, Headington, Oxford OX3 9RX. Copies free.

Coroner criticises 'mystique' surrounding drug names

A coroner last week criticised the "medical mystique" surrounding the naming of drugs which led to confusion between two drugs and the death of a newborn baby.

Dr John Burton, coroner for Hammer-smith, London, recorded a verdict of misadventure on Angela Salid who was injected with Lanoxin instead of Lethidrone.

The nurse who gave the injection told the inquest that the packets containing the drugs were identical and were in the same pile in the drug cupboard. To add to the confusion, the name by which the doctor called the drug he wanted was not the same as the name on the packet.

The coroner said it should be unnecessary to call a drug by two different names. The inquest was the first of three similar cases he was having to hold.

interests of both the service and of contractors would be far better served by using the forthcoming conference as the starting point for a full and properly reported inquiry into contractors' wishes over proposals for change.

Opportune

"There could not be a more opportune moment for the delegates to demand a complete reappraisal of our situation and to give their collective attention to the acts of piracy upon the pharmaceutical profession being flagrantly committed in urban health centres. The Association urges the chairman to allow the conference its prerogative to deal rapidly with the minor business of the agenda, to proceed to the urgent reconsideration of its original agenda and then to give its most urgent attention to that ultimate threat posed at Evesham. The conference must succeed in winning the greater attention and concern of all contractors and unless its delegates demand a further conference in the near future with a more constructive agenda; as a profession we may be plunging downwards without leadership . . . towards a commercial oblivion.

Support for a reappraisal of the contract is sought by the Association. Address: 12 Upper Marlborough Road, St. Albans, Herts AL1 3BN.

PRICE COMMISSION REPORTS

'Cut sanpro prices or end recommendations'

An end to the practice of recommending retail prices for sanitary towels and tampons is called for by the Price Commission in a report issued last week. Alternatively, the Commission says there should be an immediate reduction of 10 per cent in RSPs, some part of which manufacturers could be expected to absorb. However, the Sanitary Protection Manufacturers' Association replies that profits have fallen so far they do "not leave any margin for absorption of further cost increases or price cuts."

Price cutting

During the period under review, October 1972 to March 1975, retail prices have in most cases risen less steeply than manufacturers' prices, the Price Commission finds, but its survey of current prices showed independents follow manufacturers' recommendations more closely than multiples. Price cutting occurred most frequently in supermarkets, Boots, Woolworths and similar chains, though there were no "loss-leaders", even cut-prices yielding a reasonable gross margin. However, the "average" prices of nine products compared in detail differed by less than 2p between independents and multiples in all but two cases—Lilia 10's (2.5p) and Tampax Super 40 (10.2p).

Despite their lower prices, multiple pharmacies made higher gross margins than independents on all the products investigated—29.9 per cent against 19.3 per cent in the case of Lil-lets Super. The Commission explains: Multiples do most of their own wholesaling. They therefore have additional costs. Thus their gross margins are higher."

It was found that most independent pharmacists purchased stocks from wholesalers at the trade prices listed by C&D—the trade and recommended prices published in the C&D Price List were used by the Commission in comparing independents' and multiples' gross margins between 1972 and 1975. The multiples experienced sharp falls in margins over the period, but independents showed a gain on three of seven products.

In the case of three products—Kotex no 1, Nikini Pads and Lil-lets Super—independents' and multiples' prices were much the same. For Kotex, the explanation put forward by the Commission is that Kimberly-Clark do not recommend prices—"They told us that, in their view, the practice of recommending retail prices tends to put up shelf prices. We share this view." For the two other brands, "the explanation seems to be that they are not usually stocked by supermarkets", says the Commission.

In its investigation of the manufacturer's side, the Commission found that between the half years ended September

30, 1972 and March 31, 1975, sanitary towel manufacturing costs, in which the biggest increase was raw materials, rose by 62 per cent compared with 58.5 per cent for manufacturers' prices to the trade. Manufacturers' net profit margins on towels averaged about 10 per cent in the half year to September 1972, but fell to 2.6 per cent by March 1975. This was partly because recent price increases have not been reflected in sales revenue and partly because of the Price Code. The report comments that competition in the towel market may have intensified, but it has not brought prices below those allowed by the Price Code for the market leader, Southalls.

Only two companies (Tampax and Southalls) make tampons in any quantity. Between the same half years their costs—in which raw materials were an important element—increased by an average of 30 per cent while trade prices rose by 23 per cent (Tampax) and 27.6 per cent (Southalls).

Manufacturers' net profit margins on tampons fell from an average of 39.5 per cent to 32.2 per cent over the same period. The report comments that the profitability of Tampax is high by any standard—largely the result of technical efficiency and economies of scale. Tampax are also

a major exporter, 42 per cent of sales being exported. Southalls' profits, though lower, nevertheless comfortably exceed those earned by the average manufacturing company.

It says that so long as both companies relate tampon prices to those of towels (and one of them, Southalls, is largely engaged in manufacturing towels) competition between them is likely to be limited though advertising may affect their relative share of the market. Entry into the market, however, is difficult because of the need for special machinery and the formidable problem of establishing a new brand name.

These falling margins are emphasised in a comment on the report by the Sanitary Protection Manufacturers' Association. The Association goes on: "There are variations in the prices charged for products by different retailers but generally manufacturers have no control over these and the variations reflect the size of store and type of service offered . . . Recommended prices are regarded by manufacturers as purely a guide for the trade and an indication of price levels to the consumer and not mandatory. The whole objective of the industry is to provide the consumer with a choice of the best possible products at the lowest possible prices. As the report verifies, this is what she gets.

"Prices in the UK are lower than those of almost all other European countries. Average profits of sanitary protection products fell by 7.3 percentage points during the period and are now as low as 2.6 per cent on towels. This unfortunately does not leave any margin for the absorption of further cost increases or price cuts by manufacturers."

Prices of Sanitary Towels and Tampons. Price Commission report no 9, HM Stationery Office, price £0.57.

Special watch' on diabetic food prices proposed

The Price Commission proposes to keep a special watch on the prices of diabetic foods.

These prices are generally higher than prices of corresponding ordinary foods, largely because their ingredients are more expensive. This makes it particularly important, now that many of the materials used are coming down in price, that manufacturers ensure that these falling costs are fully reflected in retail prices of diabetic foods, concludes a Price Commission report published last week.

Between September 1972 to May 1975, the Commission found that retail prices of diabetic foods did not increase at a significantly higher rate than equivalent non-diabetic foods, and frequently rose less. From the middle of 1974 sugar prices moved up sharply, overtaking those of sorbitol syrup but not powder. The world price of sugar is now falling so diabetic foods will again tend to cost more than their non-diabetic equivalent.

The report says that average wholesale and retail distribution margins on diabetic foods are higher than on ordinary foods: "The reason is that they are distributed mainly through the chemists' trade, and not through supermarkets and other food outlets.

"Nevertheless, the margins, which on

average are higher than for ordinary foods, are lower than is customary in most chemist's business, partly because some manufacturers recommend prices based on grocery margins and partly because of the pricing policy of Boots, who are the largest distributors" (accounting for £1.8m of the £3m UK market). Boots aimed to relate prices to comparable non-diabetic foods.

The Commission found that manufacturers' profits had fallen and both retailers' and wholesalers' margins on diabetic foods had remained virtually unchanged since September 1972.

The report recommends that it would hardly pay the diabetic to "shop around" as limited demand for diabetic foods provided no incentive for special promotions or economy packs.

Prices of diabetic foods (HM Stationery Office (£0.47).

Price List

Innoxia (England) Ltd, regret that the prices given in the supplement dated September 6 were inaccurate. The correct prices are those published in the September Price List.

How to get into ladies' stockings.



Start stocking Stowaway in the special Christmas packs.

Stowaway is a collection of three fragrances: Sleepy Lagoon, Dawn Flight and Orient Express.

Very unusual and very dramatic.
Very successful too.

Backed by memorable advertising in both television and women's magazines, Stowaway has already proved itself a winner following its national launch.

There'll be more advertising for Christmas. Plus the three special gift packs.

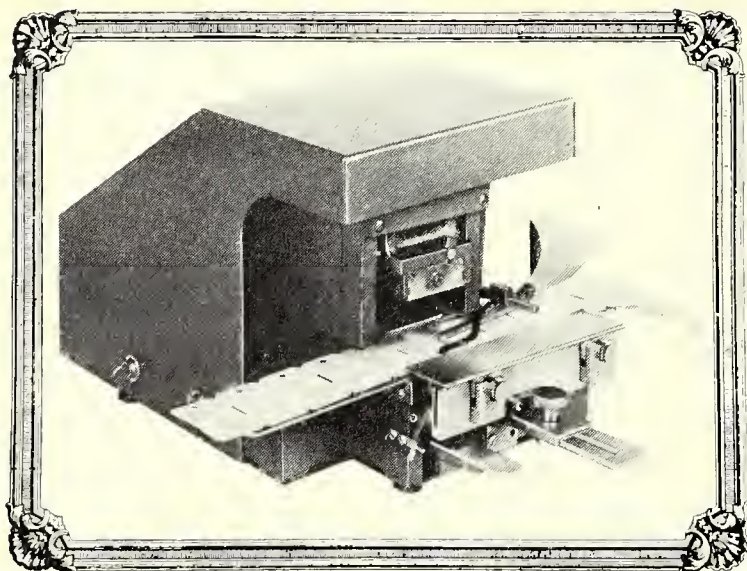
Call Elida Gibbs now. Don't disappoint the ladies.

Stowaway. The essence of freedom.

(And the essence of profit.)

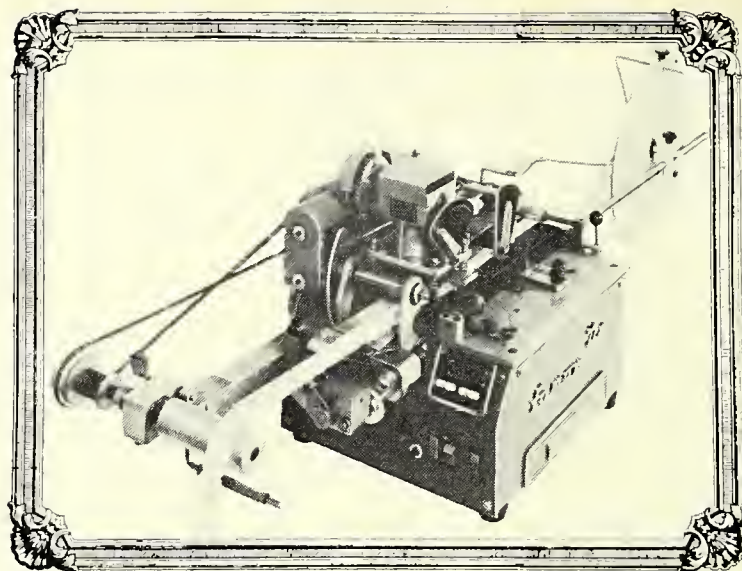


Elida Gibbs Ltd
The Brand Builders



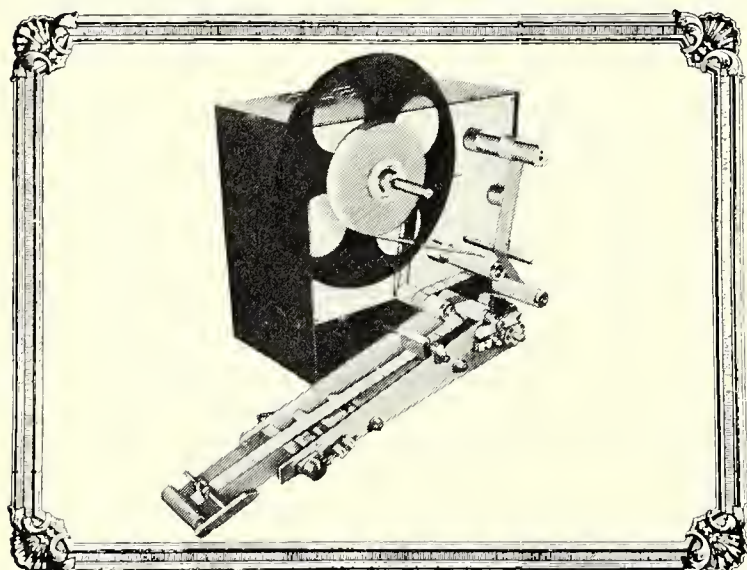
Kimco Garment Ticket System

Will print a wide variety of tags and tickets, with control stubs if required, in strips or fan fold. Fast, simple to use and more economical than any competitive machine.



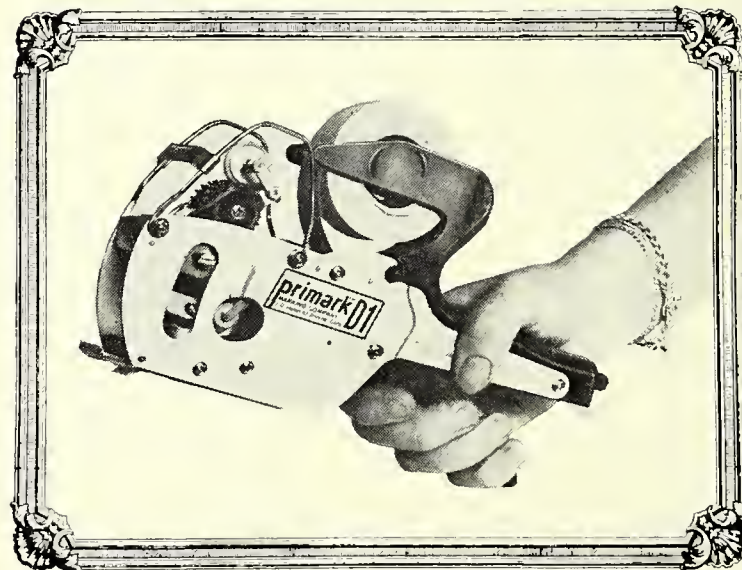
Famox Electronic Label Applicator

A high speed, precision applicator capable of applying 35,000 labels an hour. Label size from 6mm diameter up to 152mm x 305mm. Will interface with conveyor or purpose built systems and can cope with recessed, contoured, hard or soft products.

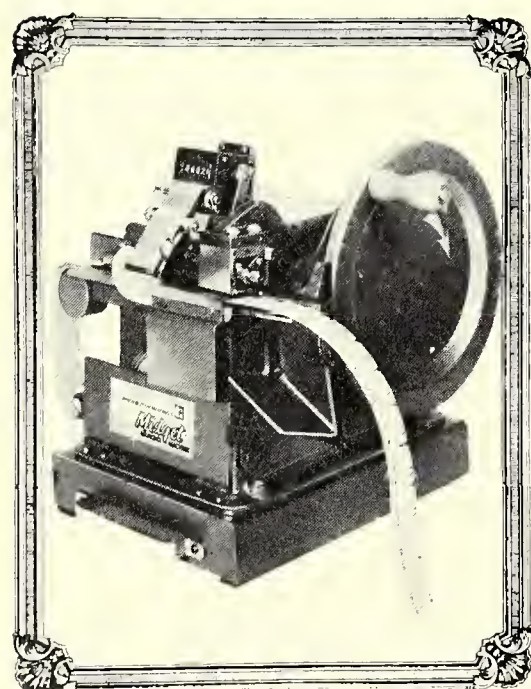


Famox 11n Reel Printer

A superbly efficient high speed label printer with adjustable knife for varying lengths of tickets and labels.



Labelling Guns for all Purposes



Kimball Midget Marker

An economical, simple to operate, portable tag, ticket and label printer to cope with a wide variety of labelling applications.

Meet the family. Our features have never looked better.

Whatever you need to label, Kimball can give the machines and labels to do it in the best possible way. Regardless of shape, size and texture, all our machines have one thing in common. They'll print out letters and figures clear and sharp. No more misunderstandings in price and information. That has to be good news for staff and Customers. As well as for business.

To Kimball Systems Ltd., Littan House, 27 Goswell Road, London, EC1M 7AL.

Telephone: 01-253 1800.

Please send me further information on

☐ Kimco

☐ Famox Electronic

☐ Famox 11N

☐ Labelling Guns

☐ Kimball Midget

Name _____

Position _____

Company _____

Address _____

Tel. _____

CD 13/9



KIMBALL
Littan

People

Mr J. B. L. Ainsworth, MPS, APharmM, A. Nelson & Co Ltd, has been elected president, **Mr S. Hadley, BPharm, MPS**, Royal London Homoeopathic Hospital, vice-chairman, and **Mr I. Deitsch, BPharm, MPS, APharmM**, Wellington Shops Ltd, secretary, of a working party set up to represent homoeopathic pharmacy in advising the Department of Health and Committee on Review of Medicines. The working party will also liaise with EEC countries to improve homoeopathic pharmacy and aims to establish a British Homoeopathic Pharmacopoeia.

Deaths

Jones: On September 1, Mr John Emrys Lloyds Jones, MPS, Horseshoe Cottage, Church Street, Mørchard Bishop, Crediton, Devon. Mr Jones, formerly of Whitstable, Kent, qualified in 1933.

Lake: Suddenly on September 2, Mr J. S. P. Lake, chairman Lake and Cruickshank Ltd, Northbridge Road, Berkhamsted, Herts HP4 1EP.

News in brief

□ Revised urgent and oxygen fees are included in the September Drug Tariff Scotland, price revision.

□ The Hong Kong Government has started inquiries concerning the "rattly dolly pill box", (C&D, August 30, p256) which is said to have been manufactured there.

□ The Ulster Chemists Association has increased the subscription fee to £25 plus VAT. The Association's portion of the fee is unchanged (£10) but the NPU apportionment is to be £15 plus VAT.

□ Gloucester and Severnside Co-operative Society are to open a 62,000 sq ft city centre store in Gloucester, and all central departments—including the pharmacy—will now be housed under one roof.

□ The General Practice Finance Corporation made 196 separate loans amounting to £2,269,000 to general practitioners working in the National Health Service during the financial year 1974-75 to help them buy or improve surgeries.

□ Some 2,638 students named pharmacy as their preferred subject when applying for university places in 1974 through the Universities Central Council on Admissions—a total twice that of 1970, and a 21 per cent rise on 1973. The forecast for 1975 is that 2,724 applicants will express preference for pharmacy.

□ The Government is making finance available for establishing more Consumer Advice Centres. There are now over 60 centres throughout the country and plans are in hand for 80 to be open by the end of 1975. By the offer of additional finance totalling £1.4m, it is intended that many more centres should be set up in 1976.

Topical reflections

BY XRAYSER

Convenience

To compare unfavourably the present with the past is one of the shortcomings of advancing years. Indeed, one begins to indulge oneself and cannot but recognise, if one is quite honest, that the younger generation is quite justified in wearing an expression of resignation, if not of irritation. Yet I feel that some of the veteran murmurings are not entirely without reason. I referred recently to the shattering impact of the computer on a society which grew up with the inkpots, blotting paper and steel pens—a society which counted on its fingers and could be heard to mutter the multiplication tables when superhuman effort was called for.

That same generation will be able to recall a day when the lifting of a telephone receiver was enough to bring to life a voice of inquiry which, with admirable simplicity and directness, said only two words, one of which was "number" and the other "please". And almost directly one was connected with the person wanted. But not today—and I mean especially today when, having dialled a number, got an answer and stated the reason for my call, I was met with: "Hold on and I'll put you through to that department". There followed that interminable hiatus which seems to be my lot on such occasions, for the putter-through has evidently other things to do than wait to see if my department answers.

Silence

Devastating silence follows for what seems to be half an hour, but reason tells me cannot be any longer than six minutes, after which the voice of the putter-through asks if I have finished. I calmly explain that I have not yet started, whereupon I am asked to hold on while I am put through. At this point, with commendable promptness, a different voice is heard and I ask if the new ethical preparation I am seeking is in stock, only to be told that I have been connected to Credit Control, not Stock Control, but if I hold on I'll be reconnected to Switchboard.

Switchboard (whose name is, I discover, Alice) asks me to hold on, and once more I am left in a lost world. Occasional sounds suggest that attempts are being made to do something, and Alice says helpfully on two occasions: "Trying to connect you." Silence again reigns, and I while away the time by whistling gently a ballad of my youth which, I suddenly realise, will not do. For I find that I am whistling "Alice, where art thou?" and the poor girl might take it amiss. And just then she came back again, like sweet Lyra gleaming bright, and said: "You're through now,"—and I was.

Wonderland

I was now in a position to place my order, subject to the preparation I sought being in stock. I named it and gave the strength clearly, asking if the new voice would confirm that it could be supplied. And it seemed that in a shorter time than I had spent as the plaything of Alice, a van drew up at the door and left a small box which proved, on examination, to contain the order for a colleague three miles away. The van was not, fortunately, beyond recall, and the wrong delivery put to rights.

All, as with Alice, seemed glad tonight, until checking disclosed that the preparation was not the 2.5mg ordered, but 25mg. So tomorrow, if I feel strong enough, I shall renew acquaintance with Alice, who will once more ask me to hold on, will some time later break radio silence to say she is trying to connect me, and eventually I shall have converse with the department before taking delivery of yet another supply of 25mg tablets.

If only this week's Conference science session would tackle "simple communications", we might make some progress.



The facts you should know

- 1** Crest will be the biggest national launch Procter & Gamble have ever done—spending more than Ariel, more than Lenor, more than Bold.
- 2** Crest as a product is second to none—and continuous advertising, in TV, newspapers and magazines, communicates this clearly to your customers.
- 3** An important, national dental and schools programme is under way to increase dental health awareness.



about the Crest launch.

4 There's overwhelming evidence from the Yorkshire test market that this whole package will build business. Crest is now No. 2 brand in test area—and still growing. What's more, the whole market increased by 24%+ in test—compared with 3% nationally.

**With your help we're confident
Crest will be the biggest slice of new business
you've had all year.**

New products

Hair care

Three-way hair setter

Clairol de luxe 3-way hair setter (£24.25) joins Crazy Curl hair styling wand (last week, p284) as the first product to be introduced by the newly-formed Clairol beauty appliance division of Bristol-Myers.

The hair setter is a conditioning heated rollers set, the rollers of which have rims to stop the hair from spilling over and tangling, and have a "specially moulded" surface to prevent hair tear. There are 20 rollers, in three sizes.

The hair setter works in three ways: for a quick reset between washes it can be as a normal setter; or may be used as a conditioning setter with Clairol's Custom Care conditioner; and for extra curl retention the steam method may be used.

Advertising breaks at the end of October, giving emphasis to Crazy Curl. Double-page advertisements will appear in women's magazines such as *Woman's Own*, *Woman's Realm*, *Woman*, *Woman's Weekly*, *Look Now*, *Cosmopolitan*, *She* and *Honey*.

There is also a sales scheme whereby sales assistants can obtain a Crazy Curl free by selling 12 units and completing the forms provided by Clairol sales force (Bristol-Myers Ltd, Stonefield Way, Ruislip, Middlesex).

Kiss Curl from Pifco

Pifco are currently introducing a new addition to the Pifco hair care range, the Kiss Curl hair styling wand (£4.50). The wand has a non-stick coating of xylan on the barrel and blade that helps the finished curl to slip free whilst still holding its shape, say Pifco. A cool end tip enables the Kiss Curl to be guided easily around the chair, while the swivel keeps the cord hanging straight and untangled.

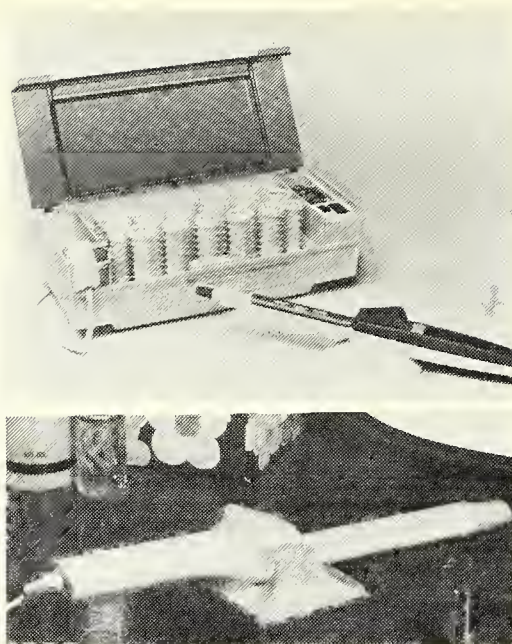
There is also a red heat, ready dot, on the blade that indicates when the Kiss Curl is at the correct temperature for use. It comes in white and beige, and has a stand. (Pifco Ltd, Princess Street, Fails-worth, Manchester M35 0HS).

Slimming

A 'natural' aid

The slimming aid, Formula 3+6, is now being launched through pharmacies, having previously been available through health food stores.

Each capsule contains vegetable lecithin 100mg, cider vinegar 40mg, sea kelp 25mg, and vitamin B₆ 3.5mg, and should be taken as part of a calorie controlled diet. The regime has been claimed as highly successful in the USA. The lecithin is said to promote the more efficient metabolism of fats and the kelp to provide elements, such as iodine, which assist thyroid function. Vitamin B₆ is included for its role in carbohydrate metabolism.



It is available as a 10-day course of 60 capsules (£1.25). An advertising campaign in weekly and monthly magazines supports the product (Health & Diet Food Co Ltd, Freeland House, Cranleigh, Surrey GU6 8AE).

Slimming course

A Press and television advertising campaign supports the launch of a new slimming aid—Poise Duo-Plan (£2.00), from S.T.D.-Poise Ltd. The product combines a "protein-rich, fruit flavoured drink with appetite-regulating tablets reinforced with vitamins".

Poise Duo-Plan comes in boxes of 12, two sleeves containing six packs, each pack laminated and contained in a display outer (distributors, Sparleton (trade division) Ltd, Northgate House, High Pavement, Basildon Town Square, Basildon, Essex SS14 1EQ).

Anti-smoking mouth rinse

ASP is an anti-smoking mouthrinse to be introduced by the Newey Goodman group of companies. Containing silver nitrate, ASP is a mint-flavoured mouthrinse recommended for use three times a day, preferably after meals. It is claimed to be completely harmless to the user and may be used by pregnant women. After using ASP, smoking a cigarette causes a reaction between the nicotine and silver nitrate which produces an "obnoxious" taste in the mouth. This effect is said to last from four to six hours after use.

ASP (£1.99) is a 10-day course, by which time, say the makers, any nicotine should have "left the body" thus reducing the chance of the smoker returning to cigarettes after the course of treatment through nicotine addiction. So confident are the makers in the effectiveness of their product that they are running a money-back guarantee scheme through the retailer—anyone claiming that the product does not stop them smoking whilst using it can have their money refunded by the retailer who will then receive a replacement by the makers.

An advertising campaign will break in October using the *Daily Mirror*, *Sun*, *News of the World*, *Daily Mail* and *Sunday People*, and there will be half-



Nail care

Nailoid products

Two new nail care products have been introduced by Nailoid. They are, Let 'm Grow (£0.35), an "invisible" liquid that is applied with a brush to the entire nail and over the skin, to prevent nail biting. And Nailoid plus with nylon (£0.35) that contains liquid nylon to protect, strengthen and help make nails more resilient (Richards & Appleby Ltd, Derby Street, Ormskirk, Lancs).

Nail additions

Two additions have been made to the Nu-Nale range. They are Nu-Kleen nail polish conditioner (£0.30) that comes in a 55-cc size, and Nu-Nale nail file (£0.65) (Dendron Ltd, 94 Rickmansworth Road, Watford, Herts WD1 7JJ).

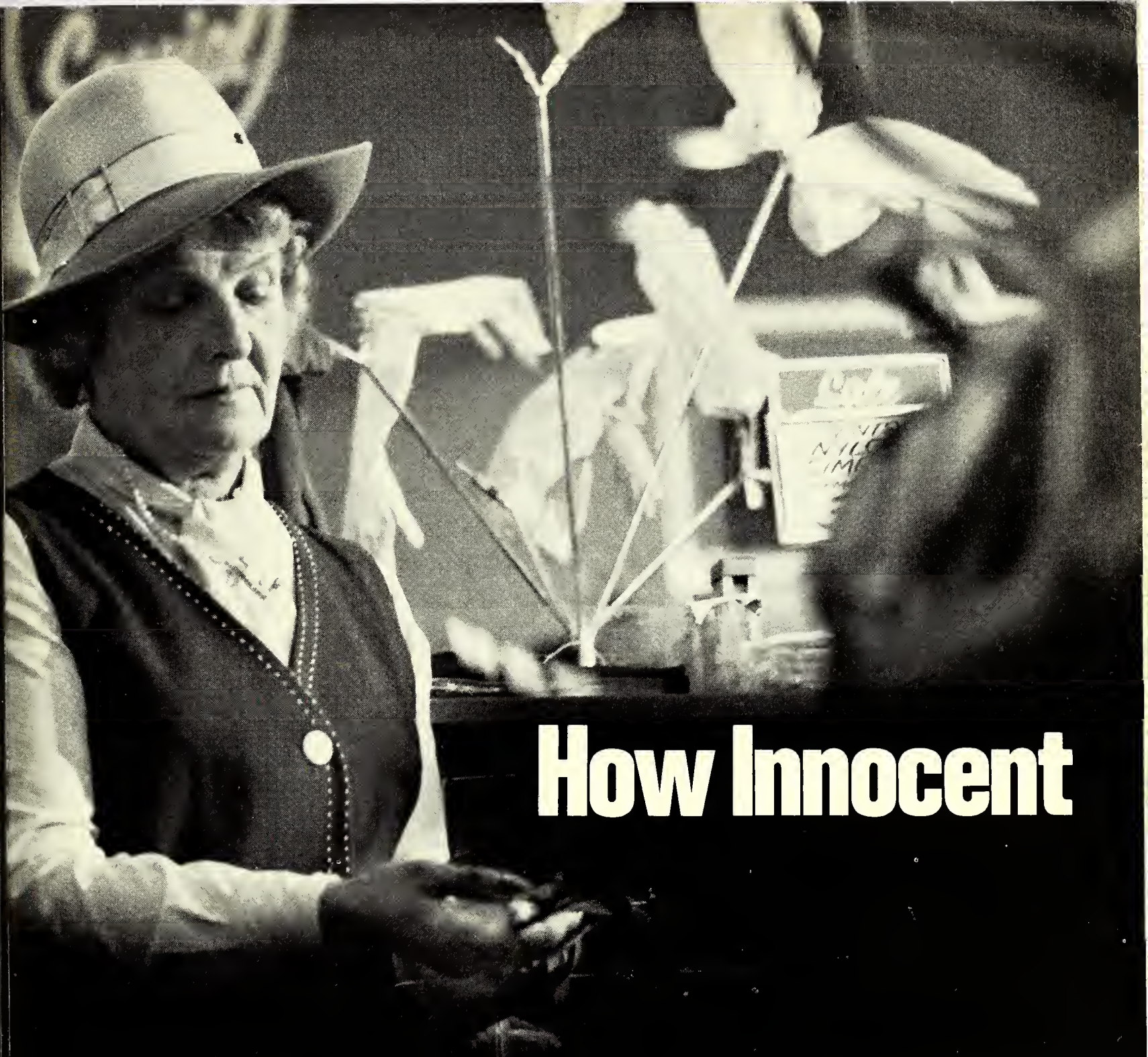
Continued on p354

page advertisements in the November and December issues of *Mother and Child* and *Mother and Baby* magazines. In addition, the product will gain indirect support from the Government anti-smoking campaign which incorporates an anti-smoking week next year.

Following the Press campaign there will be an intensive television campaign in all areas for a month, featuring 30-second commercials averaging four "spots" per night. The theme of the advertising is "break the habit" and depicts a cigarette broken over the bottle top of ASP.

The product comes in a display outer holding 12 bottles, and there is a show-card and window stickers available. These stickers have a tear-off section offering a consumer sampling scheme. Any chemist wishing to take part in the scheme will receive one bottle (about 40 samples) free with every 12 bottles ordered. From their tests, the makers claim that seven out of 10 people who try the product buy it.

The UK distribution is being handled by the Newey Goodman group of companies—Empress Marketing Ltd, Newey Goodman Ltd, Devoncare Ltd, and Thomas Cork (Sales) Ltd (Empress Marketing Ltd, 26 Rochester Place, Camden Road, London NW1 9JR).



How Innocent

Sweet little old ladies, mums with prams, busy executives on their lunch hour. To buy or not to buy. That's the decision. Or maybe it's not.

If you're in a retail business there are certain facts you must face. Chances are pretty good that you suffer growing losses through what is quaintly called "shrinkage". You may not like to admit it but a look at the figures will prove that we're right. No one knows just how big the problem is, but experts estimate that the losses in the U.K. are running as high as £100,000,000 per year. That's a lot of "shrinkage".

There's no question that the vast majority of your customers are honest. Yet crime statistics are on the rise. Professional shoplifters are getting older and are using more sophisticated techniques. Amateurs are giving in more frequently to temptation.

There are two things that can be done to improve the situation. And we do them both. First, discourage shoplifters from trying. Second, catch them when they do.

ITC provides closed circuit television security systems as sophisticated as the people they are designed to deter.

The very presence of a closed circuit television camera in a store will deter even the most hardened professional shoplifter. And it will permit your security conscious personnel to keep a check on everyone else.

Whether you need a simple one or two-camera system with one monitor or a sophisticated multi-camera, multi-monitor system with video tape recorder and two-way intercom, ITC has the system that's just right for you, at a cost that makes sense. An ITC CCTV security system can save

you pounds at a cost of just pennies a day.

And what we do for retail stores we can do for offices, hotels, factories, hospitals....and places where it's vital that you keep an eye what's going on.

Your ITC sales engineer has all the details. He would be pleased to discuss them with you and to survey your premises and recommend a CCTV system that's ideal for your specific needs.

For information write to ITC Ltd.,
261 Sefton House, Exchange
Buildings, Liverpool L2 3RD.
Or call 051-236 2774.



**Independent
Telecommunications
Consultants Ltd.**

We'll help you keep an eye on things

New products

Continued from p352

Nail care collection

Stronghold is a collection of nail care preparations from Max Factor. There are three products in the range: Stronghold nail primer (£0.40), a clear pale pink base-coat that is applied before a nail colour to provide a "strong, smooth base"; Stronghold vinyl nail guard (£0.45), a clear colourless topcoat to prevent nail colour chipping and peeling, it can also be used on unvarnished nails to protect them; Stronghold nail conditioner (£0.42), a clear, pale mauve protein-enriched moisturising liquid to help strengthen and condition the nail. All three products are in rectangular bottles with long-handled brush applicator caps.

Also from Max Factor are new Oval Shadow and Liner Pencils (£0.49) in eight colours covering blue, green, silver and brown shades. The pencils and leads are oval: the flat edge is used for shading, the sharp edge for lining; and they are colour-matched to the lead (Max Factor Ltd, 16 Old Bond Street, London W1X 4BP).

Herbal-fragranced remover

Sally Hansen have introduced Herbal fragranced remover, a nail polish remover that contains a conditioner. Herbal fragrance remover sells at the same price as regular remover (£0.37) (Nivea Toiletries Ltd, Surbiton, Surrey).

Cosmetics and toiletries

Men's range extended

Two products have been introduced to the Monsieur Houbigant range. They are, a foamshave in two sizes—28g (£0.99) and 150g (£1.60)—and an aftershave spray that comes in a 28-g can (£1.10). The products come in the distinctive black and brown packing of the range (Houbigant Ltd, Salbrook Road, Salfords, Redhill, Surrey).

Oral hygiene

Prevention aids

New ranges of toothbrushes and dental floss are being introduced by Bradlux (Dental Supplies) Laboratories Ltd. The brushes, Ancodent, are said to be made to the exact Bass specification (to which several other brands conform), but are lower in price. They come in four ranges from junior to a double texture head (cost price £0.12-£0.14 each, with discounts for gross quantities; selling price from £0.22). Each brush is individually cello-wrapped for hygiene. Bradlux say the dental profession has been buying the brushes for some time, and reports received are "very encouraging".

The unwaxed nylon dental floss is in 100-yard containers with an easy-to-use cutter. The packaging opens out into an attractive display case, taking up minimum space. Each outer holds 36 containers (£0.32 trade price including VAT; suggested retail price £0.50-£0.52). A set of four coloured posters, giving the prevention message for brushing and flossing, will be sent free with each gross order. (Bradlux (Dental Supplies) Laboratories Ltd, 17 King Street, Knutsford, Cheshire).

Trade News

Opilon ampoule packs

William R. Warner, Eastleigh, Hants, say that Opilon ampoules will now be packed in 10s, replacing the current pack of six. The new 1ml ampoule pack (5mg) is now available (12 packs, £18 trade) and the new 2ml ampoule pack (30mg) will be introduced in early October as soon as current stocks are exhausted (12 packs, £23.30).

Babettes 10 pack

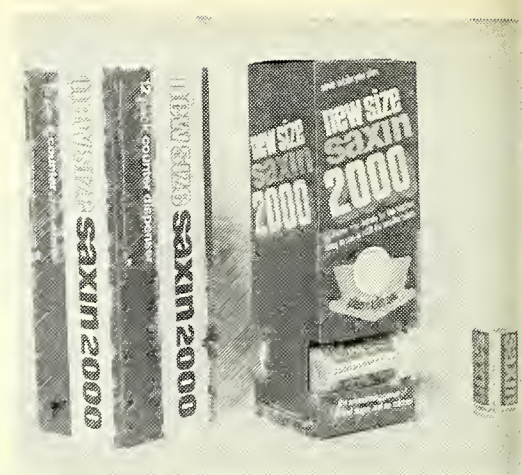
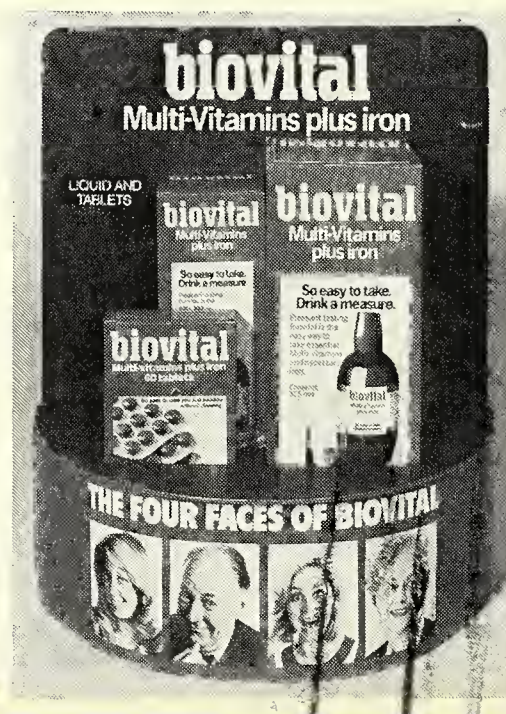
A Babettes pack of 10 disposable nappies has been launched by Bowater-Scott Corporation Ltd, Bowater House, Knightsbridge, London SW1, to complement the existing pack of 20. The 10's pack will follow the design of the standard 20's, emphasising more strongly on the pack panel, the existence and attributes of Babettes pants. Babettes 10's are packed in cases of 12.

Babettes nappies and pants are currently featured in their first-ever national television campaign, scheduled to run until the end of the year.

Biovital autumn promotion

National advertising for the autumn has started for Biovital in the Sunday papers and women's magazines, which will last until Christmas, when a new advertising campaign will begin.

To support the advertising, Radiol Chemicals Ltd, Stepfield, Witham, Essex CM8 3AG, have produced a new display unit that features both sizes of Biovital liquid and also a packet of the tablets. They also offer a trade bonus of 10 per cent discount on orders of £20, and 12½ per cent discount on orders of £40 or more.



Saxin 2,000

The Wellcome consumer division, Crewe Hall, Crewe, Ches CW1 1UB, have introduced a large "economy" size of Saxin sweetener. The new pack (£1.10), which can be used to refill the smaller tubes, contains 2,000 Saxin tablets (the equivalent of 15lb of sugar). An eye-catching counter display and dispenser unit has been produced. It holds 12 packs and dispenses one pack at a time by the "drop down" method.

Stowaway for Christmas

A gift pack has been produced by Elida Gibbs Ltd, PO box 1DY, Portman Square, London W1A 1DY, for their latest fragrance range, Stowaway. There are three colour variations of the black pack, each one featuring a motif from the front of the sprays.

One-and-a-half page, full-colour advertisements will appear in young women's magazines. A further television burst will take place in the six week pre-Christmas period.

No longer available

When present factory stocks are exhausted, Norgine Ltd, 26 Bedford Row, London WC1R 4HJ, will no longer be supplying either Normacol standard or Normacol special in the 2½kg size. The 100g, 250g and 500g packs of both products will continue to be available.

Jovan promotion girls

Twenty three promotion girls from Jovan Fragrances Ltd, 484 Honey Pot Lane, Stanmore, Middlesex, will be visiting over 3,000 chemists throughout the UK during a two-week period beginning September 22. During the visit, chemists will be able to test the new Jovan fragrance ranges for men and women and will be given colour brochures on the range.

Schick Christmas pack

The Schick Injector razor and the five-blade and 10-blade Injectors are available in Christmas gift packs from Richard Hudnut Ltd, Chestnut Avenue, Eastleigh Hants SO5 3ZQ.

The Christmas razor pack combines a standard razor pack with a removable sleeve which depicts an attractive "Father Christmas" design, and come in counter display packs containing 1 dozen or a dozen razors.

The five and 10-blade Injectors are packed on gift cards with the same design and come in 5-card counter displays.

Continued on p357

Share in the success of Solasil

The new medicated foam treatment for Haemorrhoids and Pruritus

In less than six months, Solasil has become the fastest-growing product in its field.

Solasil is the only home treatment using medicated *foam* to soothe the itch and cool the burning pain.

Solasil outdates greasy ointments and embarrassing, awkward suppositories. Its gentle foam brings a new kind of quick, clean relief to sufferers.

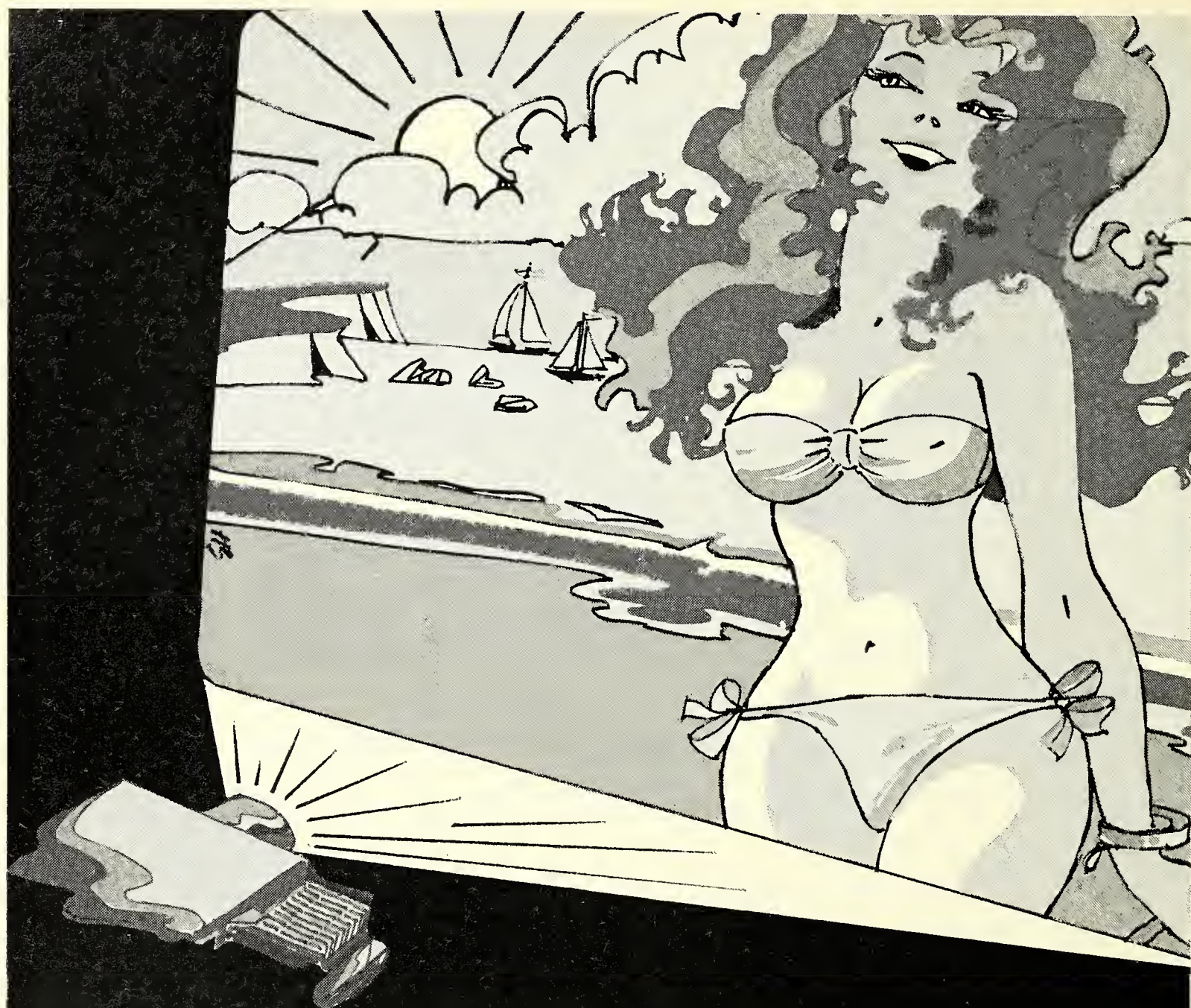
And new rewards to chemists! The satisfaction of displaying and recommending a truly innovative and effective product which reflects your own professionalism. Plus realistic profits from a sensible unit selling price.

SHARE THIS SUCCESS! Order now from your Cuticura Representative or from your usual wholesaler, before

the new wave of Solasil advertising breaks in September reaching more than 9 out of 10 of Britain's 7,000,000 haemorrhoid and pruritus sufferers.



A product of
Cuticura Laboratories Ltd,
Maidenhead, Berks.

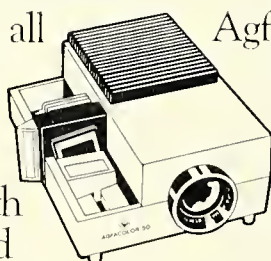


Get some in for the cold nights.

Agfa projectors, that is. Projectors?

Just think of all those holiday snaps. They all come out when the nights draw in.

Now's the time to stock up with Agfa's range of good value, high quality projectors.



You'll have an easy sale ahead.

But that's not all. Agfa flashguns too! Flashguns?

Cold nights are dark. Besides, most photographers are indoors.

So flashguns are another



seasonal best-seller, especially Agfa's superb capacitor and electronic ranges.

Contact Agfa-Gevaert now.

Check out the tempting terms

offered. Stock up. Then you're ready for a brighter winter.



Trade news

Continued from p354

More wholesalers take Clic-loc

Clic-loc child-resistant closures are now being carried by more wholesalers, say UG Closures and Plastics, Astronaut House, Hounslow Road, Feltham, Middlesex TW14 9AJ.

The first stockists, Wellcome Foundation Ltd, now have all three sizes as part of their Certor range and these are also being stocked by depots of Vestric Ltd, Bristol Bottle Co, Keynsham, Bristol, Michael Stewart Ltd, Cottingham, North Humberside, and Bradford Chemists' Alliance, Bradford.

The makers also report a further successful test on Clic-loc 24mm in the USA, in which 99.5 per cent of the 200-child panel were unable to remove the closure before demonstration and 98 per cent failing after it (the BSI draft requires 85 per cent and 80 per cent respectively).

'Baby Sitta' offer with Delrosa

Following the recent successful "baby buggy" promotion, Delrosa are to run another consumer offer of a "Baby Sitta", baby chair. Compact and lightweight to make conveying easier, the "Baby Sitta" has five adjustable sitting positions and comes with a guarantee.

Recommended retail price is £5.75 but it is offered to the consumer for £4.15 (including postage and packaging) plus two bottle tops off any size or flavour of Delrosa syrup, from Sterling Health Products, Surbiton, Surrey KT6 4PH.

Display material includes dumpbins and headboards incorporating leaflet holder and leaflets, together with bottle crowners giving full details of the offer.

Nailoid colours for winter

Three new vibrant colours have been added to the Nailoid range. They are cocoa rose, a soft creme; golden ginger, a deep rust colour in pearl with a gold sheen; and blackberry, a deep, rich pearl polish.

The new colours from Richards & Appleby Ltd, Derby Street, Ormskirk, Lancs, are for sale from the end of September and retail at 35p for the pearl and 30p for the creme.

Alphakil advertising

Autumn advertising campaign for Alphakil is estimated by Rentokil Ltd, Felcourt, East Grinstead, Sussex, to reach over 10 million homes. The campaign begins in the last week of September in the *Daily Express*, *Daily Mirror*, *Daily Mail* and *Daily Telegraph*, and there will be a total of 40 advertisements running through October into November.

Promotional support

Attractive display aids for Pharmaton are now available from Vestric Ltd, Chapel Street, Runcorn, Ches, as part of an



autumn promotion. The material includes a compact, colourful six-pack dispenser, information leaflets and a neat showcard, featuring a product pack.

During October and November there will be an advertising campaign in the regional Press, and there will be competitions for pharmacists, with prizes of Swiss watches.

Tampax promotional allowance

Until October 10, Tampax Ltd, Dunsbury Way, Havant, Hants PO9 5DG are offering a promotional allowance of £1.00 off each three dozen cases of Tampax tampons regular and super 40's. The 40's packets include a free plastic handbag container and are marked with a yellow flash.

Haemorrhoidal spray success

The national launch of aerosol Haemorrhoidal spray from International Chemical Co Ltd, 11 Chenies Street, London WC1E 7ET, through chemist outlets has proved to be "highly successful", say the makers. The product has exceeded its sales targets and ICC are currently receiving a large ration of repeat orders. A national Press advertising campaign, begun in May, will continue throughout the year.

Skin Life kit

Helena Rubinstein Ltd, Central Avenue, East Molesey, Surrey KT8 0RB, are offering a kit containing liquid cleanser (55cc), honey tonic (55cc), night cream (17cc), and the emulsion (40cc), in the Skin Life range (£2.95) to purchasers of the Skin Life treatment or make-up ranges. Its value is approximately £9.60 and included with each kit is a booklet "A guide to beauty."

Yardley driver chosen

Formula I powerboat driver, Jeff Edwards, sponsored by Yardley of London Ltd, 33 Old Bond Street, London W1, has been chosen to represent England in the GKN World ON Championships to be held at Cardiff on September 13-14. Only five people from each country are chosen. Jeff recently returned from the Rotterdam Grand Prix, where the Yardley boat driven by his co-driver, Steve Pinson, came third overall.

Rhoobarb on television

Four episodes from the adventures of Rhoobarb series are scheduled for the peak pre-Christmas viewing period by the BBC. Jean Sorelle Ltd, 117 Great Portland Street, London W1N 6AH, expect that their range featuring the children's character and comprising Rhoobarb bubble bath, Rhoobarb and Custard soaps, Rhoobarb soap-on-lead and Rhoobarb floating bath toy with soap, will be in

demand following the television coverage. Other forms of merchandising will include chocolate bars, tee shirts, curtains and bed linen and greetings cards from other manufacturers.

Boutique holder offer

From September, and running through until the end of the year, Kimberly-Clark Ltd, Larkfield, Maidstone, Kent, will be offering a smoke-blue acrylic tissue box holder with Kleenex Boutique tissues. Each pack of Boutique will carry a coupon showing the holder and offering it at £1.30: the normal value is over £3.00. The makers feel that the holder will make an "ideal" Christmas gift, and that the response to the acrylic wall holder launched earlier this year with Kleenex Pop-up tissues has been "very encouraging."

New nail shades

Six new nail colours have been introduced in the California nail colour range, by Max Factor Ltd, 16 Old Bond Street, London W1X 4BP. There are three creme shades: brandy glow, a deep, glossy brown; purple glow, a dark purple; flame glow, a "vamp red". They also introduce three "glitter" shades: orange shimmer, purple shimmer, and scarlet shimmer.

Christmas card mounts

Kodak Ltd, PO box 66, Kodak House, Station Road, Hemel Hempstead, Herts HP1 1JU, have produced Christmas card mounts. The colour print slips into tabs on the front. The print may be landscape or vertical—the card stays the same way up. Display material for 1975 is "bold and colourful" featuring a 15x9ins litho-showcard with window bill to match. Wallet stuffers are available.

Simple soap on television

From mid-September until mid-November, Simple soap will be featured in a television commercial on Southern television. There is also a national Press campaign for the product using national newspapers, women's magazines and radio and television weeklies.

Chocolate Horlicks offer

Beecham Foods, Beecham House, Brentford, Middlesex, are launching a "5p off" promotion on the chocolate version of Horlicks. Carried on-label, the offer is on 12oz jars of chocolate Horlicks.

on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Islands

Alka-Seltzer: Ln, Lc, Sc, NE, U, G, CI

Immac: All except E

Pears shampoo: All areas

Simple soap: So

Sunsilk hairspray: All areas

Three Wishes foam bath: All areas

Ultra Lash mascara: All areas

FIP DUBLIN: INTERNATIONAL DRUG CONTROL

More legislation 'not the way to improve standards'

Better education, not more legislation, was the way to improve standards in the research, marketing and use of drugs, according to Dr C. J. van Boxtel, a Dutch industrial pharmacist, last week.

In a paper on "Politics in submissions" which he read to the symposium on regulatory bodies and international aspects of drug control, he posed the question whether pre-clinical testing in the manufacture of drugs contributed to greater safety or "has merely created a cosy illusion of safety".

The interpretation of the results of such experiments had become steadily more difficult, particularly with regard to predicting possible effects in man. Apart from other factors involved, there were great individual differences between peoples, depending on race, diet, climate, etc. All these factors made governmental control of pre-clinical assessment of a drug seem more of a hindrance than a positive help.

It was clear that not all of the drugs already on the market fulfilled the WHO requirements. It was practically impossible to subject all medicines on the market to investigations following the present norms: the task was too enormous. In 1964, Holland decided to undertake such a review of 2,400 medicines; it was scheduled to take three years. However, after several extensions to the legally specified time limit, it was decided to allow an unlimited amount of time for the review. The EEC's ideas of a similar review within five years had also been extended from five to 50 years.

Advertising

The associations of pharmaceutical manufacturers in different countries had drawn up codes of advertising conduct. Dr van Boxtel felt they represented positive ideas for the industry and were strangely highlighted by the apparent negative thinking of Government. It had been suggested that the advertising of medicines—the content, lay-out, illustrations and the frequency of advertisements—should be directed by groups of independent experts. The basic argument against the suggestion was a shortage of money and manpower. It was sometimes said that the cost of advertising raised the cost of health care. However, the cost of dissemination of information was only one of the many expenses incurred by the pharmaceutical industry, and was "certainly not" the decisive one in prices of medicines.

Outlining his ideas of positive steps that governments could take, Dr van Boxtel said the way to improving drug research, maintaining high ethical standards in the marketing of medicines and ensuring that such products were used properly were to be found in better education, not in more

legislation. "I think that it is very sad", he went on, "that governments seem to give such priority to the legal limitation of activities of pharmaceutical companies. If the protection of the public is really their intention, they should act positively by providing better pharmaco-medical education for both under-graduate and post-graduate doctors and pharmacists. I am sure that this would benefit not only the practising physician and pharmacist, but would also aid future research into new drug development by the pharmaceutical industry".

Smaller countries' problems

Dr Allene Scott, medical director, Irish National Drugs Advisory Board, presented a paper on regulatory problems in smaller countries. She felt all decisions on the assessment of a drug and on its circumstances of use had to be made within each country in the light of its own particular problems and needs, rather than just to "ape" another's requirements. A small country, however, because of the size of its market, might encounter difficulties if its requirements differed from those of larger countries.

On a number of occasions the Board had considered the potential hazards which might arise from the free sale outside pharmacies of certain products, particularly those containing aspirin and paracetamol. The Board decided, with the agreement of the industry, that a number of conditions should govern the sale of products containing those active ingredients. Two conditions, however, were the subject of much argument and difficulty for some time. They related to the number of unit doses per container and to the addition of certain warnings.

A pack size limitation was readily agreed for such products sold for children but, in the case of dose forms intended for adults, the industry showed reluctance. While the companies did agree that there should be a limit, the problem centred on the precise number—countries differed in their assessment of the required limits. Hence, although the Board had asked for a limit of 24, it decided reluctantly to concede the need for an intervening period for the necessary adjustments to products already on the market and for adapting to the general position in other countries.

However, on the idea of a warning concerning prolonged use, the Board had more success. The warning was not required in some other countries and a considerable time was needed to convince many companies of the need for such a warning. Yet the Board had 56 reports of side effects associated with the use of aspirin; 19 of these were of gastrointestinal bleeding, one being fatal.

Because many drugs were imported into



Mr G. Ledwith, secretary general, Irish Pharmaceutical Union, was the first to purchase the official FIP Congress memento, a silver plated copper bowl, hand shaped from a piece of plain metal and hand engraved with the FIP emblem. Here he receives the bowl from Mrs Boles, wife of the president of the Pharmaceutical Society of Ireland

the country, recall of faulty medicinal products could be a problem. A system had been devised whereby each importer had one of its staff personally responsible for any recall of that company's imports. Dr Scott felt there should be a co-operative endeavour between manufacturers and national drug control centres to permit an international exchange of information on such recalls. There should also be an international effort to standardise batch labelling, and to expand reference laboratories, she added. One fear which many countries had was that their imports were "somebody else's recalls".

Dr Scott described the control system in Ireland, which she said was "advancing in stages". She hoped that Irish expertise could be developed, and felt the country would eventually be able to re-employ all the pharmacy graduates who had had to seek employment elsewhere.

No standards

Two-thirds of the drugs used in medicine were not bound by any pharmacopoeial standards, said Professor G. B. Marini-Bettolo, Rome, Italy. In a paper on the function of pharmacopoeial standards, he said that in nearly every country there was a certain discrepancy between the number of drugs used in practice and those listed in the pharmacopoeia. In an average industrialised country, there were some 1,200–1,500 drugs, whereas those in pharmacopoeias did not total more than 400–700.

Among the substances excluded from the pharmacopoeias were many hormones and tranquillisers with high biological activity which should be used only with a high standard of purity. "The lack of official standards makes it easier for uncontrolled manufacturers to invade many markets with low-quality products. I believe that this problem does exist and that its solution is important for the protection of public health," he added.

Brufen 400



new, higher-strength Brufen tablet

Brufen has a highly successful 8-year clinical record in the management of arthritic pain and inflammation. For some time a trend towards higher dosage has been apparent.

A dosage of 1200mg daily is now recommended as standard initial therapy with an increase to 1600mg daily in acute phases. Some patients can be maintained on 600-1200mg daily.

With the new higher strength tablet, Brufen 400, this dosage means a simple, reliable regimen:

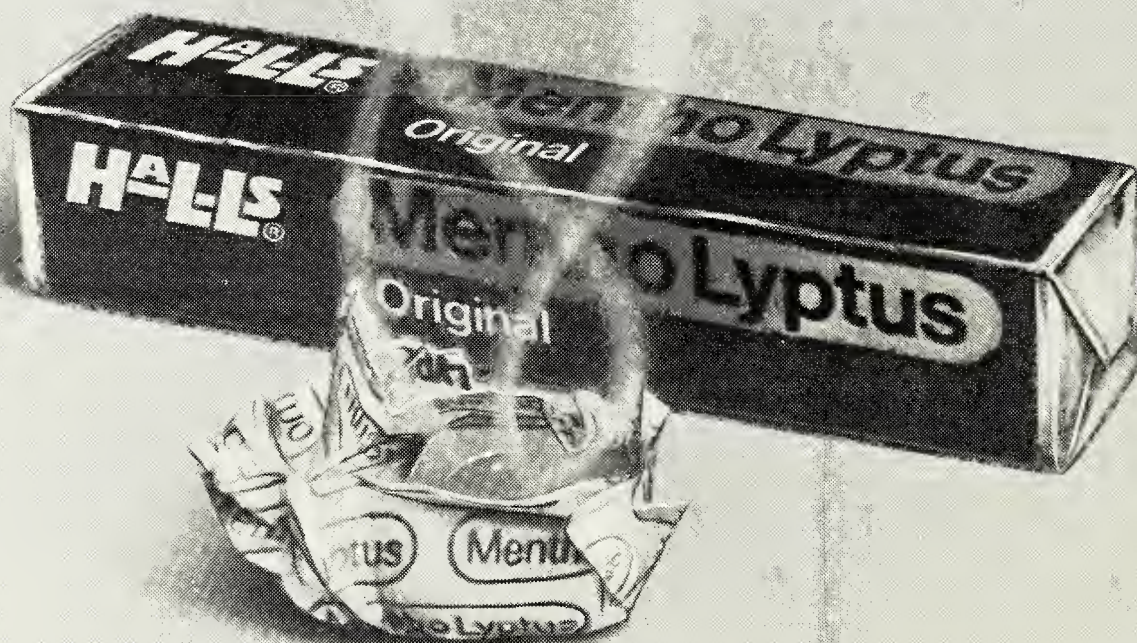
Brufen 400 one tablet three times daily plus an extra tablet, at night in severe conditions.

You will soon be receiving prescriptions specifying Brufen 400 and supplies of the new tablet are stocked by your usual wholesaler. The 200 mg tablets will continue to be available.

Brufen 400 are sugar-coated tablets containing 400 mg of ibuprofen; the tablets are light-magenta in colour and bear the overprint 'Brufen 400' in black. Brufen 200 mg tablets and Brufen Suspension continue to be available. Full information from Marketing Services, The Boots Company Ltd., Nottingham



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That's right – you helped us increase our sales by 15% last year – compared with only 2% for the rest of the market. Which made us the brand leader.

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If you stock up now – just prior to the peak sales months – we'll give you fantastic bonus prices through your wholesaler or cash and carry.

As well, some cash and carry's are running Mentho-Lyptus competitions with big prizes.

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So just keep up the good work, and we'll *all* come out on top.

Original, Honey and Lemon, Liquorice and Aniseed, Blackcurrant and Extra Strong.
Richard Hudnut Ltd.

FIP DUBLIN: JOINT SESSION

Academic and general practice views on continuing education

Continuing education for pharmacists should not be compulsory, and the state should have no financial participation in such educational schemes. These views were expressed by Dr D. Steinbach, West Germany, during the joint meeting of academic and general practice sections on continuing education.

Speaking in German, Dr Steinbach said that in a well-ordered society compulsory further education was not feasible. If the courses offered were attractive enough people would participate. There should be no state subsidies because that led to the danger of interference—the appropriate professional organisation should fund further education, and that could pressure those who did not take part to do so, as they would also be paying. The idea that health was of public interest, therefore the state should also defray costs—including those of the pharmacists' further education—was fundamentally wrong, he added.

Dr Steinbach gave the results of a general practice section survey last year into the education and training of pharmacists and the possibilities of additional training. The study had shown that the major activity of pharmacists was the supply of medicines other than on prescription, with or without consultation with the patient or physician. The survey had also shown that in future pharmacists would have to undertake the additional duty of health education and preventive medicine, particularly in the sphere of self medication.

Emphasis

On basic education, Dr Steinbach said it currently corresponded only in part to practice requirements—there was too much emphasis on academic theory and scientific knowledge. There should be an intensive course of medical terminology and more study of pharmacology, biochemistry and biopharmaceutics.

The length of the university course and practical training varied greatly in different countries. However, it could be argued that, overall, the university course aimed at a duration of four years—a shorter period always had the danger of leaving gaps in the education.

All countries considered that responsibility for structuring the course was not flexible enough. In particular, general practice pharmacy had asked to be given a greater say in the organisation of courses and to orientate education into research and professional practice. Also the significance of "clinical education" orientated towards the patient had at last been recognised outside the USA. Such education meant a range of experiences including direct contact with patients in hospitals.

Extension courses were being offered in most countries, leading to further

degrees or diplomas, mostly by additional scientific work. Dr Steinbach felt that more openings had to be created to allow pharmacists greater knowledge in special branches of pharmacy.

Most countries had organised further education, mainly by the professional organisations in co-operation with university bodies. However, the scale had often proved insufficient. A West German study had shown that the pharmacist could only give six per cent of his time to furthering and broadening his education, and that time would be taken up not only by courses but also by private study. It was necessary to increase that amount of time, and Dr Steinbach felt that could be done by more efficient management by the pharmacist.

The emphasis in further education organisation should be on planning, orientation of the course towards practice, and a regular number of courses. All countries agreed that crucial studies were pharmacology, anatomy, physiology and side-effects and adverse reactions to medicines. The further education could be planned as short courses (eg weekends); conferences (eg one week); vacation courses at universities and correspondence courses. Dr Steinbach felt the results of such further education should be verified to measure the course's effectiveness. This could be by examination or questionnaire.

Mrs Estelle Leigh, vice-president, Pharmaceutical Society, explained the general practice pharmacist's problems. She said there was evidence that in every country pharmacists accepted the philosophy that continuing education was an integral part of professional practice. However, pharmacists' problems varied with the position—city centre, urban or rural—of his pharmacy and there were special problems of women returning to work after raising a family.

Czechoslovakia experience

Experience in Czechoslovakia since 1948 had shown that continuing education was best when guided, co-ordinated and controlled by a special organisation which also selected the research institutes and hospital pharmacies for the practical training. However, because of the statutory requirements of Britain and some other countries that a registered pharmacist had to be in attendance at all times a pharmacy was open, it was difficult for some pharmacists to attend residential courses. Mrs Leigh added that in Britain, "We believe that a sufficient number of different types of continuing education programmes should be provided and that their content should be related to pharmaceutical practice at the particular time. The breadth of content and the standard should be consistent throughout each



Mr Sang Chol Yoon and Mrs Lee Eun Sook from Korea arriving at the Government reception at Dublin Castle

country and co-ordinated and evaluated by the appropriate pharmaceutical organisations which can call on co-operation between educators and practitioners."

Professor P. D. D'Arcy, professor of pharmacy, Queens University of Belfast, Northern Ireland, presented an academic viewpoint.

Courses in the UK, said Professor D'Arcy, had been largely based on local requirements and there was no overall policy to ensure a uniform standard or uniform content throughout the country. "Nor indeed is there any serious attempt to assess the 'uptake' or the relevance of the information imparted," he added.

Attention

Most universities were "prolific" in purely academic postgraduate studies, but the same attention had not always been paid to providing more formal courses and facilities for continuing education of the practising pharmacist. Academic courses, by their nature, tended to be somewhat inflexible, but insufficient attention had been paid to modifying such courses for the practitioner. Part-time course work for higher degrees was one such area that had not been adequately investigated, Professor D'Arcy felt.

An "optimistic" total of those attending courses was 10 per cent of practitioners. Ways therefore had to be found to promote increased participation, "principally by seeking further incentives and by encouraging the type of programme which will meet the specific needs of the pharmacist." Mandatory continuing education was "very much a possibility in the future," but any steps towards that had to be preceded by the establishment of defined standards of professional practice and the clear acceptance of the means by which such standards could be assessed. "There is little point in subjecting pharmacists to regular tests of their professional competency unless the required level of competence is accurately and realistically defined."

Continued on p362

FIP DUBLIN

New assay for Ginseng

Some of the Ginseng preparations on sale in Britain have failed a new evaluation procedure devised by researchers at Chelsea College, University of London.

Professor E. J. Shellard, professor of pharmacognosy, Chelsea College, presented a paper on "Preliminary studies of the hydrolysis of Ginseng glycosides." He said that most of the commercial root drug—which was claimed to slow down the ageing process and delay the onset of fatigue or anxiety states—was obtained from South Korean plants harvested when they are six years old. However, because of its expense, there was a possibility of substitution or the use of inferior plant material which grew wild in the USA.

A method of assay based on thin layer chromatography to separate the glycosides and a fluorimetric method for identification and quantitative determination was applied to commercial Ginseng preparations. Some were found not to match up to the expected standards, Professor Shellard added.

A new method of determining the duration of action of barbiturates was described by Professor D. D. Breimer, University of Leiden, Netherlands. It involved the use of gas chromatography with selective nitrogen detection to measure the concentration of barbiturate in blood plasma. Professor Breimer said his findings showed there was a wide variation in elimination rates among barbiturates which might lead to great differences in their durations of action, and the historical classification of the drugs bore little relation to his findings. To improve rational use, he felt it more appropriate to reclassify the drugs according to their elimination rate.

Points from other papers included:

□ Dr P. Reisen, West Germany, described an organisation—the Association for Pharmaceutical Technology—which was set up

by pharmacists to offer advanced training in pharmaceuticals, pharmaceutical technology and quality control by way of practical instruction with some theoretical information. The Association, of which he is chairman, was self-financed and had about 1,400 members in 200 countries.

□ Canada had eliminated the "profit mark-up" system from the pricing of prescriptions in favour of an "ingredient cost plus dispensing fee for service" system, said Mr J. C. Turnbull, executive director, Canadian Pharmaceutical Association. Official health programmes also included provision for a service fee to be paid where a prescription was not dispensed—that would apply in cases where it was inappropriate to supply medicines. However Mr Turnbull thought that no such fee had yet been paid.

Sterility 'not necessary' in most eye preparations

The need for biologically sterile ophthalmic preparations was questioned by Dr G. P. Crookes, consultant ophthalmologist, Eye and Ear Hospital, Dublin.

Speaking to the General Practice Section meeting, Dr Crookes said most ophthalmologists would agree that it was not essential for topical preparations to be sterile when external ocular diseases were being treated. Although such sterility would be welcome, especially in the treatment of virus infections, and was essential for surgery, particularly intraocular surgery, "I would decry a situation where biological sterility became an ideal regardless of cost." Dr Crookes instanced trachoma, a disease which affected hundreds of millions of people, and which was controllable with currently produced aureomycin. Any increase in the drug's price to achieve a theoretical ideal of sterility he saw as being indefensible.

Another criticism of official standards relating to sterilisation was made by Mrs Mary O'Connell, College of Pharmacy, Dublin. She presented a paper to the microbiological aspects symposium in which she concluded that, by comparison with other commonly used sterilisation procedures, there was "a poor margin of safety" when products contaminated with bacterial spores were subjected to the British Pharmacopoeial sterilisation process of "heating with a bactericide."

□ Results from a series of experiments

undertaken by a team under Professor R. F. Timoney and Dr P. B. Deasy at the College of Pharmacy, Dublin, indicate that the enhanced bactericidal efficiency of a combined process of gamma radiation and heating with chlorocresol may have application in the sterilisation—particularly of substances which would otherwise undergo significant degradation with conventional techniques.

Plants to be exported?

The Section for the Study of Medicinal Plants, on their outing to the peatlands of County Kildare, were shown an insectivorous plant which could become a valuable export for Ireland.

The sundew plant—*Drosera rotundiflora*—is used on the Continent to prepare a medicine for the treatment of whooping cough. Samples of the plant, which grows wild on the Irish peatlands, have been sent to Germany and already one firm has indicated it would take as much material as can be supplied.

As well as seeing the sundew, the participants on the section's trip were shown an experimental station studying whether medicinal plants—including the opium poppy—could be grown on peat. The study was pioneered by the late Mr C. O'Connor, who was head of the pharmacognosy department at the College of Pharmacy, Dublin.

Continuing education

Continued from p361

It was unlikely that financial incentives would achieve full participation; it followed logically that the only solution would be to link participation with the right to practice. Programmes should be centrally co-ordinated, and the standard of the courses should be not less than that required for the primary qualification. The school of pharmacy was therefore the most suitable body for organising and presenting such courses, which no longer had to be "the spare time activity of a busy lecturer." Joint NHS/academic appointments would do much to augment the teaching facilities of the schools, and Professor D'Arcy's college was looking into such an appointment.

Each course should be so designed that some method of assessment could be readily included. The modern study of pharmacy involved integrated instructions in the component sciences and continuing education courses should follow a similar pattern. "Balanced, realistic and well informed tuition are the criteria of educational success." Three types of course were likely to arise: the basic type of refresher course; the intermediate or specific course embracing in detail one aspect of development; and the course for a higher degree or diploma.

Mr D. F. Biggs, University of Alberta, Canada, described the organisation of continuing education in Alberta. Funding was from tuition fees and a levy on each pharmacist in Alberta. The school of pharmacy had a special division to provide continuing education, organise inter-professional conferences and provide information to the public on the role of the pharmacist.

President O'Dalaigh, President of Ireland, received members of the FIP Board and Bureau at his official residence. Seen here in front (from left) are Messrs Bedat, Reusse, Dr Winters, Mme Dony, President O'Dalaigh, Professor Beckett and Mr O'Donnell; second row: Mr Marco, Professor Rowson, Messrs Ishidate, Marignan, Peckre, Professor Polderman and Mr Bloomfield; at rear: Messrs Friedrich, Bols, Kok, Professor Timoney, Mr Francke, Dr Boles and Mr Cahill



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Monday	9.00	12.30	—	1.30	5.30
Tuesday	9.00	12.30	—	1.30	5.30
Wednesday	9.00	12.30	—		
Thursday	9.00	12.30	—	1.30	5.30
Friday	9.00	12.30	—	1.30	5.30
Saturday	9.00	12.30	—	1.30	5.30

Late dispensing

7.00pm - 8.00pm

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throat?

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mouth
ulcers?

Gives hours of relief with a half-minute rinse

A half-minute rinse or gargle with undiluted Oraldene provides immediate relief from the soreness and discomfort of mouth and throat infections. Yet because Oraldene's anti-infective ingredient, hexetidine, has a marked affinity for buccal mucosa, the effect of a single rinse lasts for hours.



BPC NORWICH: SCIENTIFIC ADDRESS

New ideas on how bacteria resist antibiotics



New ideas on the mechanisms by which bacteria, particularly Gram-negative organisms, resist destruction by antibiotics were explained by Professor M. R. W. Brown, Department of Pharmacy, University of Aston in Birmingham, Conference Science chairman, in his scientific address on Monday. An abstract of his talk appears below.

Drug resistance arises in two general ways: the bacterium changes the drug to an inactive form by the production of antibiotic degrading enzymes or the bacterium itself changes and becomes less vulnerable. The bacterium may also reduce access to the sensitive target by a permeability change and thus exclude the drug.

All antibiotics, preservatives and disinfectants must interact with and penetrate the various layers of the cell envelope and achieve an effective concentration at the site of action, which may be part of the envelope itself, a remarkably plastic and variable structure. Envelope variants which occur as a result of genetic or environmental change, all confer survival advantages. The Gram-negative envelope differs from that of Gram-positive species in having a second, outer membrane with associated lipopolysaccharide. The cell-bound antibiotic-degrading enzyme of the Gram-negative envelope has advantages over the extracellular Gram-positive counterpart. The β -lactamases of most Gram-negative species probably act in the periplasmic space beneath the outer membrane which only slowly allows the substrate through. Thus the cell-bound enzyme is much less liable to dilution than the extracellular enzyme, and is also acting on a substrate with restricted access in many cases so that less enzyme is necessary.

Cell rigidity

The peptidoglycan (mucopolysaccharide) is important in maintaining cell rigidity during antibacterial activity. It comprises about 15 per cent of the wall or less in Gram-negative species but in Gram-positive species it comprises about 50-60 per cent and sometimes 80-90 per cent of the wall. Macromolecular components also contribute to wall rigidity and cell shape in Gram-negative bacteria and the wall outer membrane gives significant structural supports. So the Gram-negative wall can be considered as a modified Gram-positive wall.

Resistance of bacteria to many chemical antibacterial agents may sometimes result from the inability of an otherwise active agent to achieve an effective concentration at its site(s) of action. The envelope of Gram-negative bacteria plays a crucial role in resistance by such an exclusion mechanism.

The affinity of different drugs for specific lipids, eg phospholipid and lipopolysac-

charide, has been proposed both as a mechanism of exclusion and as an aid to penetration. Lipid also plays an essential part in the overall structure of the two envelope membranes, the inner cytoplasmic membrane and, especially, the adaptable outer wall membrane.

In addition, a viscous layer of slime could present a barrier to some drugs, perhaps by binding, especially to highly active drugs acting in small concentrations. And slime may protect the cell against *in vivo* body defence mechanisms such as phagocytosis.

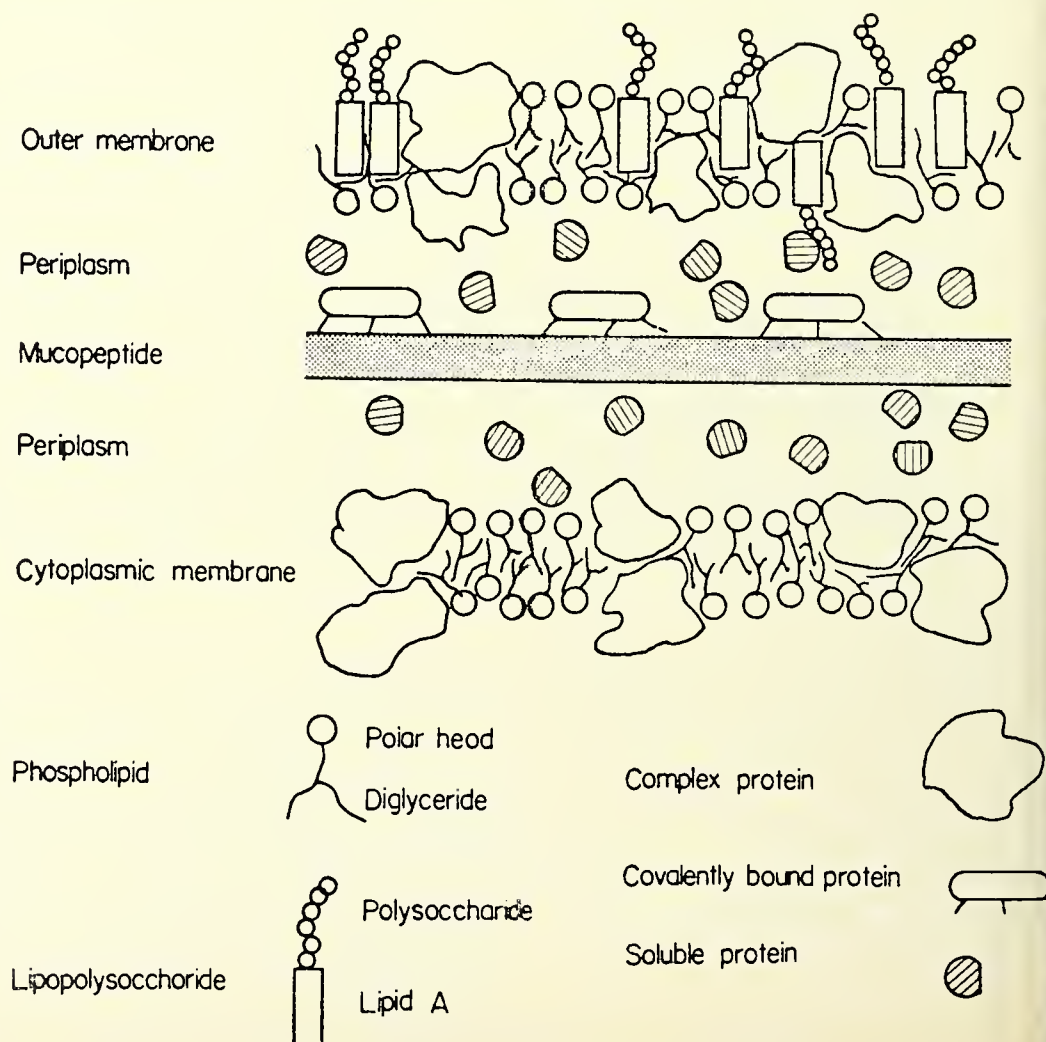
The Gram-negative outer membrane has on both surfaces, a protruding pattern of lipopolysaccharide (LPS), oligosaccharides carrying the "O" antigen at their distal tips. The basic continuum consists of proteins and phospholipids with the same molecular structure as a typical membrane. These components, exposed between the LPS oligosaccharides, possibly act as specific receptor sites. This layer forms a hydrophobic barrier in the outer cell wall which is strengthened by the interaction of the protruding oligosaccharides and by structural proteins. Thus any drug has to

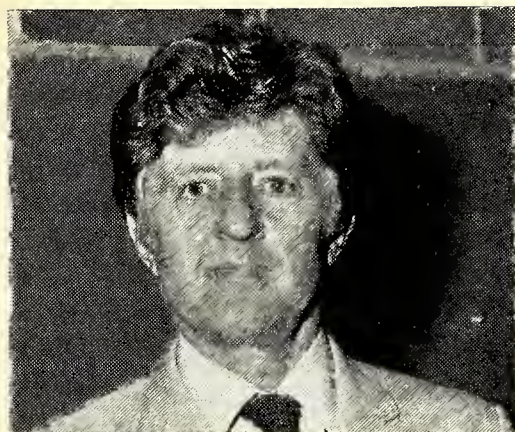
penetrate an ordered and cross-linked "mat" of polysaccharide chains on the outer membrane. Other outer membrane components have high affinity for specific drugs and their absence or depletion may constitute a penetration barrier.

Chemical antimicrobial agents penetrate through the cell envelope by either passive or facilitated diffusion. The rate at which low molecular weight organic non-electrolytes diffuse across biological membranes correlates with their lipid-water partition coefficient, within limits. Increasing lipophilicity aids penetration of membranes until an optimum value is reached. When a large range of mainly membrane-active antibacterial agents were studied for activity against Gram-positive and Gram-negative bacteria it was found that the ideal lipophilic character for a set of congeneric drugs was much higher for Gram-positive than for Gram-negative bacteria. This difference was attributed to the relatively lipid-rich wall of Gram-negative bacteria (presumably the outer membrane) which retained lipophilic drugs and hindered penetration.

In the periplasmic zone lipoprotein links

Envelope of the Gram-negative *Pseudomonas Heruginosa*





Professor M. R. W. Brown

the inner surface of the outer membrane to the robust peptidoglycan layer. Passage of drugs through the periplasm is across an aqueous phase containing some potential drug-binding molecules. Although the lipoprotein may play a role in stabilising the outer membrane, there seems little evidence that the periplasmic zone plays a major role in drug exclusion.

The mucopeptide layer may play an indirect role in drug exclusion. The cytoplasmic membranes of Gram-positive and Gram-negative bacteria seem to be similar in structure, function and composition, and are probably not the major penetration barrier for Gram-negative bacteria.

The envelope of Gram-negative bacteria has therefore a crucial role in resistance by contributing to the efficiency of drug-inactivating enzymes by target alteration and by drug exclusion. The outer membrane is vital in that it gives an enhanced degree of specificity in the movement of compounds between the Gram-negative cell and its environment. It protects against many antibiotics and preservatives and *in vivo* protects against body defence mechanisms.

Genetic and environmental influences, particularly conditions of specific nutrient depletion, profoundly affect the structure and composition of the envelope and hence the resistance of Gram-negative bacteria in general. The influence of nutrient limitation in altering outer membrane structure has been greatly underestimated and recently the use of chemically defined media for several organisms has been proposed as an aid to testing disinfectants. Such envelope changes also affect sensitivity to common handling procedures such as washing in diluent.

Contact lens solutions: further criticisms

Further criticisms of the microbiological efficiency of contact lens solutions were made during the science sessions.

The Bath University research team, which last year suggested that these preparations should be brought under Medicines Act control (*C&D*, November 16, 1974, p688), investigated whether the reduced activity of the preservatives could be a result of interaction with the plastic containers.

They bought, from retail outlets, 34 solutions of unknown age containing one or more preservatives and assayed them for chlorhexidine, benzalkonium, chlorbutol and thiomersal as appropriate. Only 17 fell within 10 per cent of the stated concentration and some were grossly deficient.

Solutions containing benzalkonium chloride were more satisfactory (11 out of 15 within 10 per cent) than those containing thiomersal, of which only 2 out of 15 came within 10 per cent of the stated concentration. The researchers—Professor D. A. Norton, Dr D. J. G. Davies, Dr N. E. Richardson and Mr B. J. Meakin—found that chlorhexidine and benzalkonium may interact with polyethylene by surface adsorption whereas thiomersal and chlorbutol penetrate the matrix.

Solutions containing the latter were therefore more likely to show marked preservative loss on prolonged storage.

The same team also reported that thiomersal, which is often used in soft lens solutions, showed low activity against *Staphylococcus aureus* and *Pseudomonas aeruginosa*. Benzalkonium chloride appeared to be the most effective of the four preservatives against *S. aureus* which was the more resistant organism.

Dr S. N. Ganju and Mr P. Cordrey, Contact Lenses (Manufacturing) Ltd, explained how the uptake of preservatives by soft contact lenses could be reversed

by treating them with a copolymeric-oxidising preparation—ethylene oxide/propylene oxide block polymer with sodium perborate. The treatment consisted of soaking the lenses in the copolymer preparation overnight then boiling them in saline for 30 minutes.

Other points from papers included:

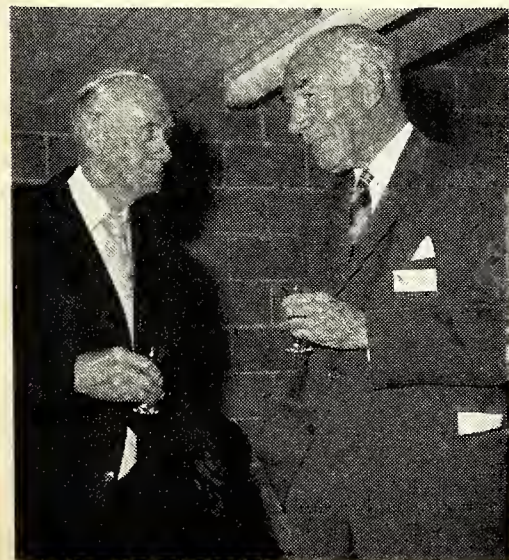
The activity of the anti-convulsant beclamide may be reduced by compounds such as barbiturates which induce drug metabolism. D. K. Luscombe and P. J. Nicholls, Welsh School of Pharmacy, suggested that these compounds should be avoided in patients receiving beclamide unless plasma levels were monitored and the dosage of the anticonvulsant adjusted.

D. Euan MacIntyre and J. L. Gordon, Cambridge University, have found that aspirin's inhibitory effect on blood platelet aggregation may be caused by a direct action on the platelet rather than an action on plasma proteins which are cofactors for platelet aggregation.

B. W. Barry and M. P. Braybrooks, Portsmouth Polytechnic, have found that mucus in the small intestine of rats reduces the bioavailability of phenylbutazone but not warfarin sodium.

E. G. Salole and A. T. Florence, Strathclyde University, have previously suggested that pharmacopoeial standards might be introduced to control both the surface area and crystal properties of digoxin, as comminution of the drug produces an amorphous and readily soluble form. They could find no simple relationship between the specific surface area and dissolution rates of samples subjected to varying degrees of grinding and described a powder dissolution test which would be suitable for drugs which were sensitive to grinding procedures.

A total of 91 original science papers were discussed.



Left: Drs D. C. Garratt, London, and G. E. Foster, Dartford, reminiscing?

Right: From Wales, Mrs M. M. Jenkins, Mr G. S. Wood, Mrs K. H. Wood and Mr. P. Jenkins



BPC NORWICH: PROFESSIONAL SESSION

Industry 'hampered' by new legislation



An attack on the way in which new legislation was restricting the pharmaceutical industry was made by Mr J. D. Spink, Wellcome Foundation, in his paper on Monday afternoon.

He criticised the "big brother" element of officialdom which was stifling the initiative and responsibility of professional people. And certain Medicines Act requirements were escalating the time and costs involved in product development, so that "potentially valuable new drugs are failing to reach the market."

The "leap-frogging" increase of drug legislation could be a result of one country seeking the protection enjoyed by another and clamouring for even better protection without recognising the drawbacks.

"The whole subject of the safety of medicines is highly emotive and politically potent with the result that governments are often virtually forced to accede to the public demand", he continued. "The tremendous escalation we have seen in the legally required tests bears all the marks of the heavy hand of a legislature activated by emotional public demand rather than scientific reason."

Fear of the consequences of an accident occurring with a product passed as safe made authorities ask for more and more experiments to be carried out before granting product licences: "The advantage of extreme safety must be gauged against the brake it applies to medical progress and society must ask itself the question whether it has over-reacted."

He foresaw grave consequences as professional discretion became increasingly substituted by "heavy handed and absolute" official controls. More expert technologists and graduates were employed in the drug industry than in any other and they were trained to use their professional judgment. This "big brother" element and the tendency to control their activities at almost every step could be counter-productive of safety: "If initiative and responsibility atrophy it will not be available to deal with the unexpected when it arises."

The more brilliant graduates were likely to polarise into research and development with its greater freedom, leaving production to the "also rans."

Examples

Mr Spink gave examples of ways in which the industry was being hampered. Almost all animal testing of a new drug had to be carried out on a comminuted dose-form such as a powdered tablet whereas formerly the work was done on simple solutions of the pure drug. This meant that factory-scale synthesis development had to be carried out and the formulation decided before the pharmacology and toxicology were started, the object

being to ensure that the effects of additives and unavoidable trace impurities from factory-scale synthesis were included in animal experiments.

This procedure greatly increased the cost of the early work and discouraged researchers from starting all over again if an improvement was discovered in the chemical synthesis or formulation at a late stage in development, particularly if the patent life was running out.

The amount of data needed for clinical trial certificates was also causing delays and adding to costs and was more appropriate to product licence applications. The authorities were failing to appreciate the additional safeguards such as the strict patient monitoring which took place during clinical trials.

"There have been many instances in which trials of important new products have got well under way in foreign countries whilst our own authority is still querying details which are, at best, on the borderline of relevance," he added.

The location of good clinical trial facilities could determine the location of the larger companies' main investments and there was a risk of British companies avoiding UK controls by only testing new drugs abroad.

Product licensing

Turning to product licensing, he thought the industry would pay ungrudging tribute to the efficiency of the Committee on the Safety of Medicines and Medicines Division, but there was a tendency for the power of decision on relatively minor matters to be removed from the secretariat to await the next meeting of a probably already overloaded committee. Another problem was that licensing authorities in different countries had adopted conflicting arbitrary standards which increased costs of world production.

The changeover from product licences of right to full product licences was causing manpower problems, with burdens of collecting the data required falling heavily on the research and development, and production graduates.

Mr Spink welcomed the introduction of international standards such as those of the European Pharmacopoeia which aimed to overcome the problems of differing standards between countries. He hoped that the licensing authority, having decided to adopt the common jurisdiction of the European Pharmacopoeia, would "deny itself the academic luxury of declaring its own different standards under the Medicines Act."

Veterinary medicines were also affected by the demand for "excessively high" standards. Whereas the value of human life was priceless, Mr Spink continued, the costs of all the medicines an animal

received must be within the price its carcass would fetch at slaughter. So excessive pressure on quality could force a product off the market as uneconomic.

Another controversial issue was the 100 per cent sampling of incoming raw materials to allow for the possibility of supplier's labelling mix-ups. The chances of the wrong ingredient ending up in a product were negligible, Mr Spink said, and apart from the cost, "the de-motivating effect on one's analytical staff is almost insurmountable."

He was concerned lest the standard required against cross-contamination of production should lead to the requirement that oral products should be bacteriologically sterile: "It is difficult to reconcile such a perfectionist attitude with the pressures upon us to keep down the cost of the nation's drug bill."

Such a requirement would adversely affect exports as most foreign countries would refuse to pay higher prices for sterile tablets and mixtures or for the knowledge that every container of the raw materials that went into the product was tested for identity.

The administrative licensing method of legal control, as distinct from the criminal sanction method of prosecutions and statutory penalties, was more restrictive—withholding a product licence was a far more severe penalty than the heaviest of the statutory penalties in the Medicines Act. And the administrative licensing form of control rendered the system more vulnerable to political intervention, as the Civil Service was under the direction of the Government in office.

Mr Spink concluded that this blurring of the boundaries of the industry's responsibility for product safety could lead to difficulties in considering the legal question of liability. There was a tendency for accountability to be transferred from the enforcer to the enforcer. The industry had always accepted full responsibility for the products it made and it could be dangerous to society if its ability to discharge this responsibility were impaired.

A new 'protectionism'

"A new form of protectionism" following from the desire to protect not the domestic industry but the domestic population, was predicted by Mr C. O. Rosén, a Swedish pharmacist and expert to the Royal Commission on Products Liability.

Several countries, responding to pressures from the general public and the mass media, seemed to be alarmed about the rapid scientific and technical development. Eventually a nation might say: "Let us ourselves—and not some principles of free trade—decide the rate at which we want to partake of the rapid development".

The "consumerism" which had been



Mr C. O. Rosén (left) and Mr J. Spink at the Monday afternoon professional session

active for many years in most countries could easily pass over into the new "protectionism" where drugs were concerned, because discussions on side effects had frightened people and because the costs of medical services were paid for largely out of public funds. Such a "protectionism" could also be adopted by circles which were not basically hostile to free enterprise, Mr Rosén added.

The trade obstacles arising would have their most severe impact on innovative industries such as the pharmaceutical industry: "If pharmaceutical firms could convince the world that development in this field is progress, that this progress is not moving too fast, that it does not present any perils, and that free enterprise constitutes the most efficient and safest instrument to make it available to the public, then the conditions under which they operate need not be changed and international trade and the new protectionism need not be pitted against each other".

Mr Rosén believed that the industry should give more time to such extensive ideas than to details in market treaties and safety regulations.

State decisions

However, the state might decide it should have more control over information services, trade marks, pricing and research planning etc. One idea would be to separate research totally from production, with research findings disseminated world-wide as in the past but in the form of intangible assets which would be exploited nationally. Another idea would be that companies continued to do research and production, but information to physicians and the lay public would be transmitted under the auspices of some central body. The question would be whether these ideas could be combined with private enterprise.

Mr Rosén felt such developments were not necessarily compatible with harmonisation of legislation to favour a freer exchange of goods and questioned the belief that an era of greater freedom for industry and commerce was ahead. The fruits of harmonisation were utterly dependent on the political attitude to the production society and whether the commercial wor-

ship of products and product exchange were matched by a political faith in innovation.

Harmonisation still depended on the special requirements of each country and the individuals concerned—if there was a good will to achieve harmonisation it would go ahead. The outcome of co-ordination would depend more on national tradition and personalities than on technical conventions.

The attitude that trade legislation was a "barrier" was more fitting to the man who dreamt of running his business with complete irresponsibility, Mr Rosén continued. *Bona fide* industries felt legislation was helpful because it spelt out what was required of them and kept non *bona fide* industries out.

Selecting requirements

But one problem in harmonisation was the level of co-ordination and there could be dangers in selecting those rules in each piece of national legislation which were the most rigorous. Having a host of rules which perhaps served no useful purpose created a false sense of security. The meaning of drug use was to prevent premature death and perhaps also improve the quality of life rather than provide the maximum safeguards against side-effects.

Turning to specific legal areas, Mr Rosén considered the effects of the trend towards product patents in Europe. Countries without patent protection, such as Italy, would have to accept product patents and countries with process patents would have to drop them in favour of product protection.

Product patents were an advantage to companies with great research and development capacity. The tendency for a tougher scrutiny of patent claims would mean that manufacturers would need to concentrate on certain definite compounds and test them thoroughly, leaving similar compounds with other chemical radicals without protection and free for anyone to test and find new effects.

Patent rights had already been eroded in some countries and the trend might be carried to even greater lengths under the name of the "new protectionism". Mr Rosén predicted that changes in practice governing compulsory licences might have

more crucial effect on industrial pharmacy practice than anything else.

Finally, Mr Rosén predicted that public interest would result in special legislation on products liability. He foresaw an addition to the law of torts with strict liability for the manufacturer or an amendment of the general social security insurance system. Such legislation could have far-reaching consequences for sales promotion.

Drug injuries would cost money in future and the question was who could afford to pay it. Those who believed the industry made too much profit had a ready answer—others would say that such large sums should eventually be taken from higher drug prices.

Monopolistic

Speaking further on his original paper, Mr Spink said that tough legislation was monopolistic in its effect and could soon lead to the financial difficulty of the small companies, particularly those engaged solely in manufacturing generic medicines. Two secondary effects could follow: small companies might amalgamate into larger units and the manufacture of generics could become more attractive to the large speciality companies, as the enforced elevation of standards eliminated the cost differentials that made this type of business unattractive in the past.

Small companies could be helped if hospital manufacture was transferred back into the industry. If hospitals were to be subjected to the same manufacturing standards as the industry, it would be difficult for them to justify the increased expenditure on raising their production standards at the expense of capital which was so badly needed to finance new hospitals. So there could be a good case for ending hospital manufacture altogether, Mr Spink suggested.

During the discussion, Mr J. A. Myers, chief administrative pharmaceutical officer, Edinburgh, disagreed, saying that the hospital service had special needs and the industry could not meet them all.

Mr T. P. Astill, deputy secretary, National Pharmaceutical Union, felt too much concern was being expressed about the efficacy of medicines and felt the Government should concentrate solely on quality and safety. Many medicines worked because patients believed they did.

But Mr Rosén said that to disregard efficacy would open the gates for "humbug" medicines all over the world, and as a pharmacist with a scientific background he could not accept such a situation.

Responsibility

Mr C. C. Stevens, immediate past president of the Society, warned that provisions in the draft European Convention and draft Directive on Product Liability could mean that the general practice or hospital pharmacist would carry as much responsibility as the manufacturer. It would be impossible to get insurance cover if there was no State provision, but the Council was already aware of this and taking action.

Miss D. Hepburn, Medicines Inspectorate, believed that the tightening of standards would not lead to a downgrading of expert technologists but there would be more opportunity for them to exercise their professional judgment.

BPC NORWICH: PROFESSIONAL SESSION

Practice of pharmacy in Sweden

Sweden's pharmacies were "nationalised" in 1971 at a cost of about £21m. Mr Rune Lönngren, chairman of the National Corporation of Swedish Pharmacies, explained at Tuesday morning's professional session how the system is working in his country. An extract of his talk appears below.

There have been pharmacies in Sweden for 400 years, but pharmacy has never been a completely free profession. Authorities have decided the location of pharmacies, influenced the choice of people able to run pharmacies and they have fixed sales prices.

Since 1920, pharmacy-owners have been partly private enterprisers, partly civil servants. They had the economic responsibility for the pharmacy they owned and also had to pay ever-increasing fees to support the whole pharmacy system. These fees contributed to keeping uniform sales prices all over the country by cutting net profits of the big pharmacies and giving subsidies to the small ones. The fees also provided a pension system for everyone working in a pharmacy, including the

pharmacy-owners, who had to retire at 67.

A law came into effect on January 1, 1971, which required that retail trade in drugs was to be conducted only by the Government or by a legal body in which the Government had a determining influence and the exclusive right to retail drugs was assigned to Apoteksbolaget AB (the National Corporation of Swedish pharmacies), an incorporated company created solely for the purpose.

Its share capital is 45 million Swedish crowns (about £5m) including reserve funds. Two thirds of the shares are held by the Government and one third owned by a foundation established by the association of the former pharmacy-owners.

In 1971 all the 600 pharmacies were transferred to Apoteksbolaget, which bought the equipment and drug stock from the pharmacy-owners for about £21m. All personnel were given employment with the company, the pharmacy-owner being offered the position of manager of the pharmacy he had run. Today some 12,000 persons are employed by

Apoteksbolaget, about 55 per cent working part-time and one quarter having a pharmaceutical education.

The ultimate responsibility for the company lies with the board of directors consisting of nine members who represent both owners and staff. Five members, including the chairman, are appointed by the Government, two are pharmacists appointed by the foundation and one pharmacist and one technical assistant are appointed by the two trade unions to which most of the employees belong.

The daily management of Apoteksbolaget is conducted by the president, an economist with great experience of business administration. The vice-president is a pharmacist and there are five directors with special responsibilities in pharmacy management, pharmaceuticals, economics, personnel management, purchasing and matters related to drug supply in hospitals.

A contract between the Government and Apoteksbolaget requires that Apoteksbolaget shall provide the best service consistent with keeping drug costs at a justifiable level; determine the extent to which pharmacies and other outlets for drugs shall operate and their location; keep its drug outlets available to an extent that meets the legitimate requirements of medical care; apply standards of pricing that will contribute to a reasonable return on investment but not maximise profits; charge uniform prices for drugs throughout the country; negotiate the purchase price of drugs with the producers; offer accepted pharmaceutical specialities for sale, as well as drugs listed in official compendia;

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promote neutral information about drugs and provide statistics on drug consumption; and be responsible for ensuring that the personnel engaged in drug distribution are suitably qualified.

Seven regional offices, one for each health-care region, act as consulting, servicing and supervisory bodies to the pharmacies, they handle certain staff matters and act as contacts with regional and local authorities.

There are about 700 pharmacies in Sweden, that is one per 12,000 inhabitants. The largest have a turnover of about £1m per year, they fill more than 225,000 prescriptions and have a staff of about 50, one third of whom have a pharmaceutical education. The smallest pharmacies have a turnover of less than £30,000, fill about 8,000 prescriptions and their staff may be only two or three persons.

The number of prescriptions filled in 1974 was about 41m and the total turnover of Apoteksbolaget was about £220m. Some 70 per cent was spent on merchandise, 25 per cent on salaries and 5 per cent on interest, rents and other expenses.

The number of accepted specialities is about 2,700, most available in several different pack sizes so the total number of articles is about 7,000, produced by 170 manufacturers. At the beginning of 1971 30 Swedish companies and 140 foreign ones had specialities on the Swedish market. Apoteksbolaget must sell all the accepted specialities of any size in any of its pharmacies but is not obliged to have every single item in stock for immediate delivery to a patient.

Wholesalers

Before the reorganisation of the pharmacy system there were five wholesale companies supplying drugs, three were full-line wholesalers while the other two held franchises from certain factories. Three wholesale firms have been acquired by Apoteksbolaget so that 70 per cent of the articles sold in the pharmacies arrive here from the manufacturers through Apoteksbolaget's own channels. The remainder is handled by two independent firms. This integration into wholesale distribution has considerable advantages, one being that this part of drug distribution now probably costs less in Sweden than in any other country.

Few items other than drugs are sold in Swedish pharmacies: mainly hygienic articles like toothpaste, skin ointments, dressings, contraceptives and baby-care products. The choice is similar in all pharmacies. Apoteksbolaget has a good position in negotiations with the manufacturers enabling pharmacies to offer high quality at low prices.

Drug prices have always been fixed by the authorities. The manufacturer's price,

including costs of distribution to the pharmacy, was previously fixed by the National Board of Health and Welfare and on-costs were added by the pharmacies under rules laid down by the King in Council.

Now Apoteksbolaget has the right to fix its own sales prices. As before, uniform retail prices should be charged throughout the country and should permit a reasonable return on capital. The most important thing is, however, that the manufacturer's purchase price to Apoteksbolaget is now subject to negotiations between both bodies. The price of a pharmaceutical speciality must still be fair and reasonable to qualify for registration by the National Board of Health and Welfare, but normally the Board should not examine the price. If Apoteksbolaget and the producer have agreed upon a price, this shall be regarded as fair and reasonable unless special reasons suggest otherwise. Since December 1970 drug prices have increased, but less than prices in general.

Regarding drug information, an extensive survey of the advantages and drawbacks of many drugs has been made by the drug committee of the National Board of Health and Welfare. In co-operation with regional and local drug committees Apoteksbolaget has increasingly promoted a rational choice of drugs in hospitals and similarly aims to include out-patient care.

Invoicing and payment of wages and salaries have been centralised and all such operations are computerised.

Computer terminals

The possibility of using data terminals in pharmacies is being investigated. Swedish regulations state that one label must be produced for each prescribed medicine. A data terminal could be used instead of a typewriter—by pushing a few keys the label is written, the pricing is done and information about the patient and the prescribing doctor and many other things remain in the computer, so that statistics on use patterns, medicine habits etc, can be obtained. Such terminals are to be tried in 10 pharmacies this year.

Finally the economic outcome of "nationalisation"—there was a loss the first year due to extraordinary costs and no dividends were paid to stock holders. Each of the years 1972, 1973 and 1974 produced a surplus and dividends have been paid. The net result of the four years is about £1m, an inventory reserve fund of about £7m has been built up and the pension fund has increased by about £14m. In three years productivity has increased by 14 per cent—for example in 1972 there was an increase in prescriptions filled of 0.5 per cent with a decrease in paid work hours of 2.3 per cent, whereas in 1974 the number of prescriptions filled increased by 6.5 per cent and there was an increase of 2.2 per cent in paid work hours.

The fate of pharmacists graduating during the period when no new employees were taken on interested Mr I. Benjamin, Leeds, who opened the discussion. Dr Lonngren replied that the main problem had been for prescriptionists, most of whom wanted to work in pharmacies. Many had gone into industry and elsewhere, as had the graduates and a questionnaire sent out by the Association

had not revealed any problems. In a small country like Sweden, 25 people not finding places started talk of "unemployment" and there was a surplus in most professions, with the exception of doctors.

Professor H. A. K. Whitney, USA, suggested prescription numbers could not be a measure of "productivity" where clinical pharmacy was practised as it did not allow for time spent talking to doctors. The speaker agreed it was a rough method, but it was more a measure of the work of the increasing number of prescriptionists. The aim must be to include medicines distribution but at the same time involve the pharmacists in information.

Pharmacists' funds

The fate of certain funds of the pharmacists' association was questioned by Mr S. Durham, Sheffield. This had led to misunderstandings, said Dr Lonngren, but the association had used the money (£1.5m) to buy share capital in the national corporation, having two representatives on its board, and to guarantee both the employment of all its members and their incomes. From 1936 there had been a government scheme to limit pharmacists' incomes and to ensure they did not fall too low. It was administered by the association but the balance of money that went into the fund did not belong to the pharmacists. If it rose too much it was a signal that drug prices should be raised, and vice versa. In the first year after "transformation"—Dr Lonngren did not like the term "nationalisation", the funds were used instead of increasing prices. On the question of pharmacists being under represented on the board—four out of nine—he said they had never come to a situation of having to count votes.

Replying to Mr A. E. Gee, Lancaster and Morecambe, the speaker said that 90 per cent of the population were in towns or villages and served by a pharmacist. But there were areas in which people had to go hundreds of miles for all their demands, and in rural areas there were commissioners who received prescriptions to be sent by train or bus to the pharmacy. They also stocked medicines labelled with directions issued by the only local doctor. Medicines could not be sold except from a pharmacy. Dr Lonngren told the same questioner that the corporation made a profit to finance the opening of new and rebuilding existing pharmacies.

Political

Mr J. Wright, director, NPU Group, was "driven to the conclusion" that nationalisation had been for political reasons as there were no recognisable benefits to the public. Dr Lonngren agreed it was the main reason, but it was not controversial and had all-party support: in Sweden, health care was considered a matter to be provided out of taxation.

Mrs C. M. Taylor, Teesside, asked if pharmaceutical standards were being lowered as a pharmacist did not check the prescriptionist. But Dr Lonngren said that in Sweden there was no legal difference between their responsibilities—standards were only lowered if people were used without sufficient education for the job.

Continued on p370

Science 'theme' to cut drop in attendance?

Concern about dwindling numbers attending certain of the science sessions led to a suggestion in the Science Group meeting that some sessions should have a "theme" to which contributions might be made by various specialists.

The discouraging effect of small audiences on young authors was raised by professor A. H. Beckett who warned that contributions in the poorly supported subjects such as pharmacology and analysis might be presented instead at other conferences. If they were not of interest to those attending, a big section of the science would vanish from the BP Conference—with serious consequences. In the past people from different specialities were together and learned much from each other.

Many other speakers supported this view resulting in the suggestion for themes with contributions not fitting into the chosen theme being in a "miscellaneous" session.

A suggestion to receive general approval was that contributions should include an indication of the implication of the work for the whole of pharmacy. That it was hoped might encourage people, including nonspecialists from hospital and retail, to attend.

Computer terminal gives drug information

A computer-based drug information system was demonstrated by a team from Bath University during Tuesday's demonstration session. The inquirer types the code of the details required on a particular drug, such as dosage, interactions, indications, and the information is received back via the teletype terminal or a visual display unit. The system could be used to identify an unknown tablet by typing such details as size, colour and markings.

Information is stored at different levels according to the depths of detail required; a nurse might need only an outline of a drug's uses whereas a pharmacist might need access to evaluated references. Professor D. A. Norton, Drs J. M. Padfield and S. H. Moss who have been working on the project envisage a national drug information network with the information being updated centrally by pharmacists and pharmacologists and terminals in pharmacies, wards and health centres.

The teletype terminal costs about £1,500 but the costs would be reduced if some 10,000 terminals were bought for the Health Service. The Department of Health have been approached for financial assistance to expand the scheme, so far without success.

Teratogenic to Cucumber:

When a Leeds housewife and her husband planted the seedling from which this double cucumber was grown it began to die. They then fed it with aspirin and water and it revived to produce this curiosity. Partakers of sandwiches made of this should have no headache (Courtesy Yorkshire Evening Post)



Doctor explains what influences his drug choice

A general practitioner told the British Association for Advancement of Science conference last week that "consultant colleagues" were probably the greatest single influence on his prescribing habits.

Dr John Marks felt medical mailings were a waste of money and he rarely saw representatives. "Lavish entertainment" provided by drug firms was an exaggeration—instead they provided a "reasonable level of hospitality" at meetings, where there was usually a well-known speaker or a film and the name of the firm was hardly mentioned at all.

He mentioned the Data Sheet Compendium as being a valuable source of information, together with various books and journals. Pharmacists were not included in any of the factors he mentioned.

On cost effectiveness of drugs, he accepted government advice in 1953 to prescribe

drugs by their generic name rather than brand name and was upset when he discovered later that because of the way in which pharmacists were paid at the time, he was costing the State more money not less. The benefits of cutting costs by generic prescribing had to be weighed against the risks of therapeutic inequivalence, and doctors were willing and able to make these value judgments.

□ Mr F. A. Robinson, president, Chemical Society, hoped that the pharmaceutical industry would be allowed to keep sufficient of its earnings to enable research to continue without the need for government subsidies. Money from government sources should be used to solve problems of sheer survival—food supplies, transport, hospitals, welfare services, etc—and the cost of the search for new medicines should not have to compete with these other requirements.

Pharmacy in Sweden

Continued from p369

They tried to reserve pharmacists for work requiring scientific education and in 1973, 245 pharmacies had prescriptionist managers—233 of them women.

Mr C. C. Stevens, North Staffs, argued that the hallmark of the profession in Britain was independence of thought, action and responsibility. The speaker immediately questioned the meaning of "independence"—he had not heard people who worked for companies in industry (as did Mr Stevens) saying they could not give of their best! Like all big companies, the corporation tried not to kill initiative.

Mr D. Kissman, Leeds, thought Swedish pharmacists were not fulfilling the same role as in Britain. If there was a shortage of doctors it might be better if every

pharmacy had a pharmacist. However, Dr Lonngren did not believe the pharmacist could replace the doctor and the shortage would soon be made up.

Mr D. M. Sharpe, London, asked the criteria for staffing pharmacies, to which the reply was that a prescriptionist would not be considered for a large pharmacy nor a pharmacist for a small one. In between they looked at the person and their experience, not merely education when considering applicants.

Finally, in reply to Mr R. Jackson, West Metropolitan, Dr Lonngren foresaw a time when the three existing wholesaling channels would become one—discussion had already started.

Summing up, the president, Mr J. P. Bannerman, thanked Dr Lonngren for "not coming to persuade us" but rather to say that the pharmacists in his country "were happy with the new system."

The £12,495 regional pharmacist?

Five grades of hospital pharmacist, plus area and regional officers and salary scales exceeding £12,000, are among the recommendations of the Review Working Party on the Hospital Pharmaceutical Service set up by the Guild of Hospital Pharmacists section of ASTMS.

The five grade are defined as follows:

Pre-registration graduate students

Grade 1, pharmacist: Undertaking basic duties requiring some direction by a senior colleague.

Grade 2, senior pharmacist: Responsible for the service in a medium size hospital or a number of small hospitals, or responsible for a section of a district general hospital patient service or responsible for specialist work in an area service or working as a specialist in a large organisation or staff officer to pharmaceutical officers.

Grade 3, principal pharmacist: Responsible for patient services in a district general hospital or its equivalent or responsible for a speciality in the area service operating at a sufficiently high level, possibly extending beyond the boundaries of one AHA or staff officer to a pharmaceutical officer.

Grade 4, senior principal pharmacist: Responsible for patient services in the largest district general hospitals or responsible for a specialist service operating at an exceptionally high level, possibly for the whole RHA or highly developed with national reputation for excellence, or staff officer to a pharmaceutical officer.

Grade 5, top grade pharmacist: Considerable management responsibilities and occupying a senior appointment in the hospital pharmaceutical service which requires exceptional qualifications and experience, eg pharmacist responsible for the services in a major undergraduate teaching hospital, or exceptionally a specialist post. Responsible to the area pharmaceutical officer.

Area pharmacist to disappear?

It is proposed that the title "area pharmacist" be discontinued. Those pharmacists occupying area posts would be incorporated into the proposed management structure and graded at least senior principal.

The Working Party sees no reason to amend the structure for pharmaceutical officers which has emerged following NHS re-organisation, but recommends that the post of district pharmaceutical officer be discontinued. Officers in post would retain the salary addition on a personal basis.

"We believe that pharmaceutical services can be managed most effectively on

an area basis and that delegation by the APO should be to operational managers and not to other officers."

The Working Party accepts the salary scales operating from July 1, 1975, as an acceptable base line for grades up to 3 (principal) and propose for the grade 4 (senior principal) a scale of £7,224-£9,389 and for grade 5 (top grade) £8,667-£11,266. For APO's, the proposed scales range from £8,643 (starting point for under 450,000 population, non-teaching) up to £12,186 (maximum for over 800,000 teaching, including personal addition). Regional pharmaceutical officers should receive £10,164-£12,258 (population below 3.5 million) or £10,401-£12,495 (population over 3.5 million). In arriving at these salaries, the Working Party has considered salaries paid to other NHS officers.

Recent improvements in salaries are said to have enabled a start to be made in building up the hospital pharmaceutical service. However, the restriction of the majority of hospital pharmacists into three grades with only a limited number of special gradings in 4 and 5 needs to be changed if pharmacists of high calibre and expertise are to be retained.

"Appropriate duties for pharmacists are now being introduced as the level of sup-

port staff improves and pharmacists are increasingly being used in their professional role as advisors on correct drug handling and usage. This advisory role of the pharmacist is expected to have important economic advantages to the service in the future as well as ensuring improved patient care." RHA's will, it is hoped, arrive at norms for the work load of pharmacists in patient services. "We would expect initially a pharmacist to be available to every 100 acute hospital beds or their equivalent."

The report goes on: "The extension of pharmaceutical services is becoming increasingly necessary in order to provide the level of service which is being recommended. The requirement for pharmacists to be involved in the addition of drugs to IV fluids requires an extension of service to ideally 24 hours a day, and as second best a structured on call system. The operation of drug information services for the benefit of all the health professions, including doctors and pharmacists in general practice, requires a similar extension to hours of service. These arrangements require further increases in staff numbers and also provision for payment for working unsocial hours and for call out rota duties."

Letters

Support for Joe Soap

For many years journals have carried letters about the "state" of pharmacy, or of chemists' shops as the public know us better, but I feel that the excellent write up by Joe Soap in the September issue of *She* really needs commending to your readers, though this will be outside the normal ambit of reading letters found in pharmaceutical cloisters.

I am greatly concerned to find that my parent Society refused to make any comment whatever when asked, but did the spokesman for the BMA hesitate? No sir, he jumped in feet first and adroitly evaded most of the questions especially on "cook" dispensing. Why do our leaders so consistently "pussyfoot" when opportunities occur to put our point of view to the public? No doubt there have been some blushes in Bloomsbury Square this week that our case needs to be put in one of the more popular glossier journals, but some comment ought to have been made. One of the title balloons on the cover of *She* bears the words "just how far can we go?" We must go as far as we can in every direction to publicise our problems.

G. W. Trevor

York

Our reaction to the article was less enthusiastic (see Comment, *C&D* August 30, p255)—Editor.

Thanks

I am writing to advise you that I shall be retiring from business at the New Forest Pharmacy, Brockenhurst, Hants, on September 30. The business will continue as a pharmacy and is being taken over by a newly formed company associated with W. B. Jordan & Son, Lyndhurst. This will be a

considerable break and change for me as I have been here all my life, qualifying in 1931 and taking over the business after my father's death in 1946. Please accept my thanks for the receipt each week of the *Chemist & Druggist* and for the Price Lists and supplements which have always been an enormous help in these days of ever changing prices. Also, will you kindly give my best messages and regards to "Xrayser"; I have always enjoyed his articles so much. I think we must be of the same vintage—I still keep my keys and petty cash in the flor. Anthem. drawer!

Kenneth J. Martin

Tall Trees, Rhinefield Road
Brockenhurst, Hants SO4 7SQ

Alcohol contents

In your issue of July 26, page 105, you quote Dr Bailey as claiming that our Diocetyl-Medo syrup contains between 1 and 2.9 per cent alcohol.

This is not the case. The preparation in question contains alcohol only in the form of strong tincture of orange, the percentage of which is 0.8 per cent v/v. The amount of alcohol is, therefore, extremely low

R. J. Hulse

Medo-Chemicals Ltd

Coming events

Monday, September 15

Mid Glamorgan East Branch, Pharmaceutical Society, Criterion Hotel, Pontypridd, at 8 pm. Mr Dengar Evans on "The future of Pharmacy".

Thursday, September 18

Northumbrian Branch, Pharmaceutical Society, Red House Restaurant, Sandhill, Newcastle, at 8 pm. Dr J. A. Smith, on "Biological clocks—what makes them tick?".

Worthing and West Sussex Branch, Pharmaceutical Society, Beach Hotel, Marine Parade, Worthing, at 8 pm. Mr L. Chaitow on "Osteopathy and acupuncture".

Friday, September 19

Merseyside Branch, National Association of Women Pharmacists, 5 Sunnyside, Birkdale, at 7.30 pm. Barbaque.

Market News

Barbiturates dearer

London, September 10: Barbiturates were again sharply advanced; phenobarbitone, for instance, rose to £8.10 kg from £7.45 with the sodium up by £0.72 kg. Also dearer were clioquinol and strychnine, the latter being in short supply. Supplies of quinine, on the other hand, are much easier than a year ago.

Dealers in crude drugs forecast no great fall from present price levels when the new crops arrive. Any reduction in demand is likely to be matched by smaller crops through natural causes. The drought this summer in Holland has affected a number of crops. In a normal season something like 85 per cent of the harvest is sold on contract so some of the balance which would normally go to the free market may have to be diverted to fill their contracts. On the week balsams, henbane, jalap, and lemon peel were easier. Dearer were Moroccan coriander seed and Uganda chillies.

In essential oils Brazilian peppermint, Chinese camphor white, cinnamon leaf and sandalwood were dearer.

Pharmaceutical chemicals

Amylobarbitone: Less than 100-kg lots £6.76 kg; sodium £7.87.
Aspirin: 10-ton lots £0.97 kg; 1-ton £1.03.
Bismuth salts: £ per kg.

	under 50-kg	50-kg	250-kg
carbonate	9.18	8.95	8.90
salicylate	7.66	7.45	—
subgallate	8.13	7.90	—
subnitrate	8.33	8.10	8.05

Brucine: Sulphate £45.00 kg.
Butobarbitone: 50-kg lots £8.79 kg; sodium £9.67.
Butobarbitone: Less than 100 kg £8.38.
Caffeine: Anhydrous £3.30 kg in 100-kg lots; citrate £2.40 kg (50-kg lots).
Chloral hydrate: 50-kg lots £1 kg.
Choline: (500-kg lots) bitartrate £1.99 kg; dihydrogen citrate £1.50.
Cinchocaine: Base (5-kg lots) £55.75 kg; hydrochloride £52.75.
Citric acid: BP granular hydrous per metric ton. Single deliveries from £581 to £619 as to maker. Anhydrous from £624 to £665. Five-ton contracts £578-£617 and £626-£663 respectively.
Clioquinol: USP XVII, 500-kg lots, £11.06 kg.
Cyclobarbitone: Calcium £8.39 kg in 25-kg lots.
Isoprenaline: Hydrochloride £36.00 kg; sulphate £32.00.
Mercurials: Per kg in 50-kg lots; ammoniated £5.70; oxides—red £6.75 and yellow £6.50; perchloride £4.70; subchloride £6.00; iodide £6.20 in 25-kg lots.
Methyltestosterone: £220-£330 per kg.
Metol: Photo grade, 50-kg lots £4.23 kg.
Narcotine: Alkaloid and hydrochloride in 25-kg lots £18.20 kg.
Neomycin sulphate: £40.00-£46.00 kg.
Nicotinamide: (per kg) £4.35; 50-kg lots £2.80.
Nicotinic acid: (per kg) £2.80 kg in 50-kg lots.
Norethynodrel: £190-£230 kg.
Oestradiol benzoate: £600-£750 per kg.
Paracetamol: 50-ton contracts from £2.20 per kg. Premium for direct compression £0.13 kg.
Paraffins: Liquid BP heavy £1.329 gal; light BPC £1.197—for 1 to 5 drum lots; technical white oils WA23, £1.104, WA21, £1.058. Petroleum jelly BP soft white £250.20 ton; yellow from £190 to £240.60.
Penicillin: Potassium, sodium or procaine, sterile, £17-£19 per 1,000 Mu.
Phenobarbitone: Less than 100-kg £10.93 kg; sodium £11.82.
Pethidine hydrochloride: From £13.30 to £14.90 kg as to the maker and quantity. Subject to Misuse of Drugs Regulations.
Phenobarbitone: In 50-kg lots £8.10 kg; sodium £8.86.

Quinalbarbitone: Base and sodium, 25-kg lots £10.34 kg.
Quinidine: In 25-kg lots £125 per kg.
Quinine: In 25-kg lots, per kg—alkaloid £89.55; bisulphate £75.30; dihydrochloride £88.50; hydrochloride £85.55; sulphate £84.55.
Salicyclic acid: BP, 5-ton lots £0.89 kg; 1-ton £0.92.
Strychnine: Alkaloid £65.00 kg; sulphate £45.00 to arrive.

Crude drugs

Aloes: Cape £1.15 kg spot; £1.10, cif. Curacao £1.45 spot.
Balsams: (kg) **Canada:** £16.00 spot; £15.00, cif for shipment. **Copaiba:** BPC £1.60 spot; £1.50, cif. **Peru:** £4.85 spot; £4.50, cif. **Tolu:** £3.45 spot.
Belladonna: (metric ton) Herb £460 spot. Leaves £800, cif. Root £750 spot nominal.
Benzoin: BP £61-£64 cwt; £55-£60, cif.
Buchu: Rounds £2.60 kg spot; £2.35, cif.
Camphor: Natural powder, £5.50 kg spot; £3.90, cif; synthetic £0.78, cif for 96 per cent.
Cardamoms: (per lb cif), Alleppy green No 1 £2.00; prime seeds £1.60.
Cascara: £960 metric ton spot; £725, cif, new crop, Sept-Oct.
Cherry bark: Spot £955 metric ton; £725, cif.
Chillies: Uganda £740 ton, cif.
Cinnamon: (cif) Seychelles bark £325 ton, cif; Ceylon quills 4 O's £0.48 lb.
Cloves: Madagascar £2,400 per ton, cif.
Cochineal: Peruvian silver-grey £13.30 kg spot; Tenerife black £20-£21.50.
Colocynth pulp: Nominal.
Dandelion: £900 metric ton spot.
Ergot: Portuguese-Spanish £1.50 kg spot; £1.40 cif. East European £1.60 spot.
Gentian: Root £1.40 kg spot; £1.35, kg, cif.
Ginger: (ton, cif) Cochiti £525, Jamaican No 3 £700; Nigerian split £420, peeled £560 nominal.
Gums: **Acacia,** Kordofan cleaned sorts \$1.280, fob, metric ton. **Karaya** No 2 faq £475 metric ton, cif. **Tragacanth** No 1 £525 spot per 50 kg.
Henbane: Niger £1,050 metric ton spot; £990, cif.
Jalap: Mexican basis 15 per cent no spot; £1.35 kg, cif; whole tubers £1.48, cif 9-11%.
Kola nuts: £180 metric ton; £170, cif.

Lanolin: 1,000-kg lots BP grades from £955; cosmetic £1,025; technical £910.
Lemon peel: £680 metric ton spot; £670, cif.
Liquorice root: Chinese £190 metric ton, cif. Russian £220 spot; £190, cif. Block juice £1,130. spray-dried £1,050.
Lobelia: European herb £900 metric ton new crop, November delivery; £880, cif. American £1,800 spot; £870, cif.
Menthol: Brazilian spot £10.50 kg, shipment £10.10, cif. Chinese £11.50 spot; £9.70, cif.
Nutmeg: (ton, cif) East Indian 80's £1,380, bwp £1,020 spot; £980, cif. West Indian 80's £1,410, unassorted £1,300; defective £970.
Nux vomica: £210 metric ton spot.
Pepper: (ton) Sarawak black £745 spot; £700 cif; white £950; £905, cif.
Pimento: (ton) Mexican US\$2,300, cif.
Pedophyllum: Root £420 metric ton, cif.
Seeds: (metric ton, cif) **Anise:** China star forward £390. **Caraway:** Dutch £365. **Celery:** Indian £325. **Coriander:** Moroccan £170. **Cumin:** Indian £525. **Dill:** Indian £175. **Fennel:** Indian new crop £525. **Fenugreek:** £127.
Senega: Canadian £13.40 kg spot; £12.40, cif.
Tonquin beans: £1.00 kg spot; £0.92, cif.

Essential oils

Camphor white: £0.90 kg spot; £0.80, cif.
Cassia: Chinese £13.50 kg spot; £12.50, cif.
Cedarwood: Chinese £0.95 kg spot; £0.90, cif.
Celery: English £33.00 kg.
Cinnamon: Ceylon leaf £2.30 kg spot; £2.00, cif.
Geranium: (kg) Bourbon £28.00 spot.
Palmarosa: Brazilian spot £7.00 kg.
Peppermint: (kg) Arvensis Brazilian £3.90 spot; £3.80, cif. Chinese £3.60, cif. American piperata £14-£14.50 as to origin.
Petitgrain: Spot £5.00 kg; £4.65, cif, nominal.
Rosemary: £4.60 kg spot.
Sage: Spanish £10.50 kg spot and cif.
Sandalwood: Mysore £35.00 kg spot; £28.00, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press but it should be noted that in the present state of the market quotations change frequently.

Company News

Macarthy's Pharmaceuticals optimistic forecast

Macarthy's Pharmaceuticals Ltd should have a successful current year, says the chairman, Sir Hugh Linstead, this in spite of "considerable areas of uncertainty."

The forecast takes into account all increased cost factors that can reasonably be envisaged, but Sir Hugh points out that new circumstances may arise as a result of Government action to reduce inflation.

An analysis of sales and profit shows manufacturing £1.66m and £110,000; pharmaceutical wholesaling £36.77m and £1.36m; surgical wholesaling £4.09m and £207,000; retailing £5.73m and £217,000; veterinary £2.55m and £188,000; other activities £274,000 and £15,000.

Higher prices and sales volumes ensured that overall profits were more than maintained, but higher overdrafts resulted in a reduction of net margin on sales. Exports expanded to £821,000.

Albright & Wilson setback in first half

The pre-tax profit of Albright & Wilson Ltd in the first half of the year fell to £9.09m from £11.65m in the first half of 1974. The fall is attributed by the directors to sharply reduced demand for many products in both the home and overseas markets during the second quarter. The directors add that performance of detergent raw materials in the UK was satis-

factory, but in Europe and Australia, where the recession set in earlier, both volume and prices were depressed.

Industrial chemicals suffered from reduced demand in the UK and in most markets. Problems at the Long Harbour, Newfoundland, phosphorus plant have continued and the plant is shut due to a strike.

Flavours and fragrances experienced volume losses in the UK owing largely to overstocking by customers in 1974. Overseas, the sales of these products were "patchy," with good results being reported from the African operations.

Group sales in the first-half totalled £113.16m against £101.29m.

Bowater-Scott changes

Following a reorganisation of the Sales and Marketing structure within Bowater-Scott Corporation Ltd Brian Jenkins has joined the company in the new capacity of marketing director, serving on the board of directors. Philip Richards, previously marketing director of the consumer division, has been appointed development director within the company. Nigel Thomas, previously consumer sales manager is promoted to group general sales manager while the new group marketing manager is James Branton, promoted from marketing manager, consumer division.

ICI profit setback

Sales of Imperial Chemical Industries Ltd in the first half of the year amounted to £1,502m against £1,444m in the first half of 1974. Profit, before tax was £158m against £254m. The whole of the permitted dividend increase is being made in the interim.

André Philippe



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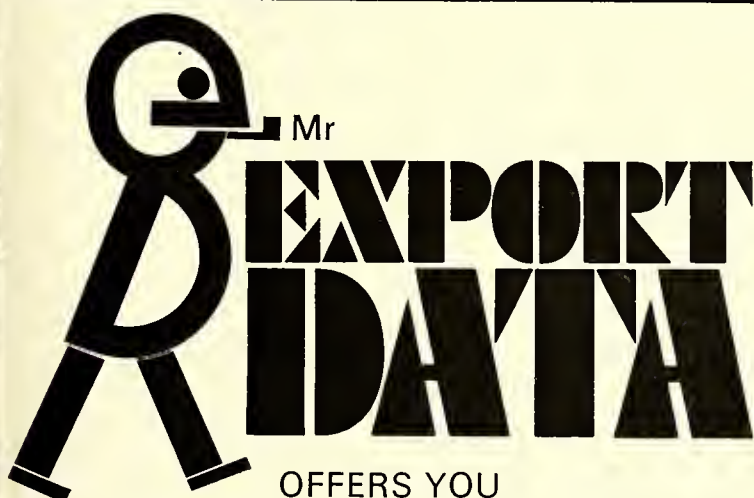
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The Triangle Trust 1949 Fund is an independent charitable trust administered by a Board of Trustees. Its primary aim is the relief of hardship or distress in the case of people and their dependents employed, or formerly employed in the pharmaceutical industry in Great Britain and the British Commonwealth. Such relief may include assistance with the educational expenses of children.

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Japanese Seanes (per gross)	4.25	Extension Sheath (each)	0.60
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French Ticklers (per 50 pkts)	7.45	Plus many more items, including Lingerie, Marital Aids, etc., etc.	
German Long Love (per 50 pkts)	5.40	For our comprehensive brochure send 10p to cover p & p.	
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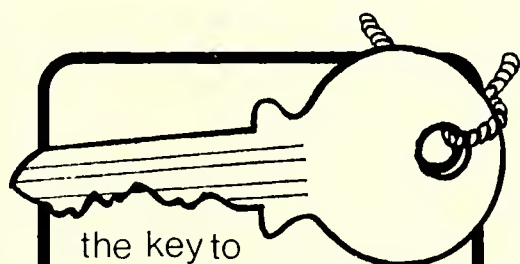
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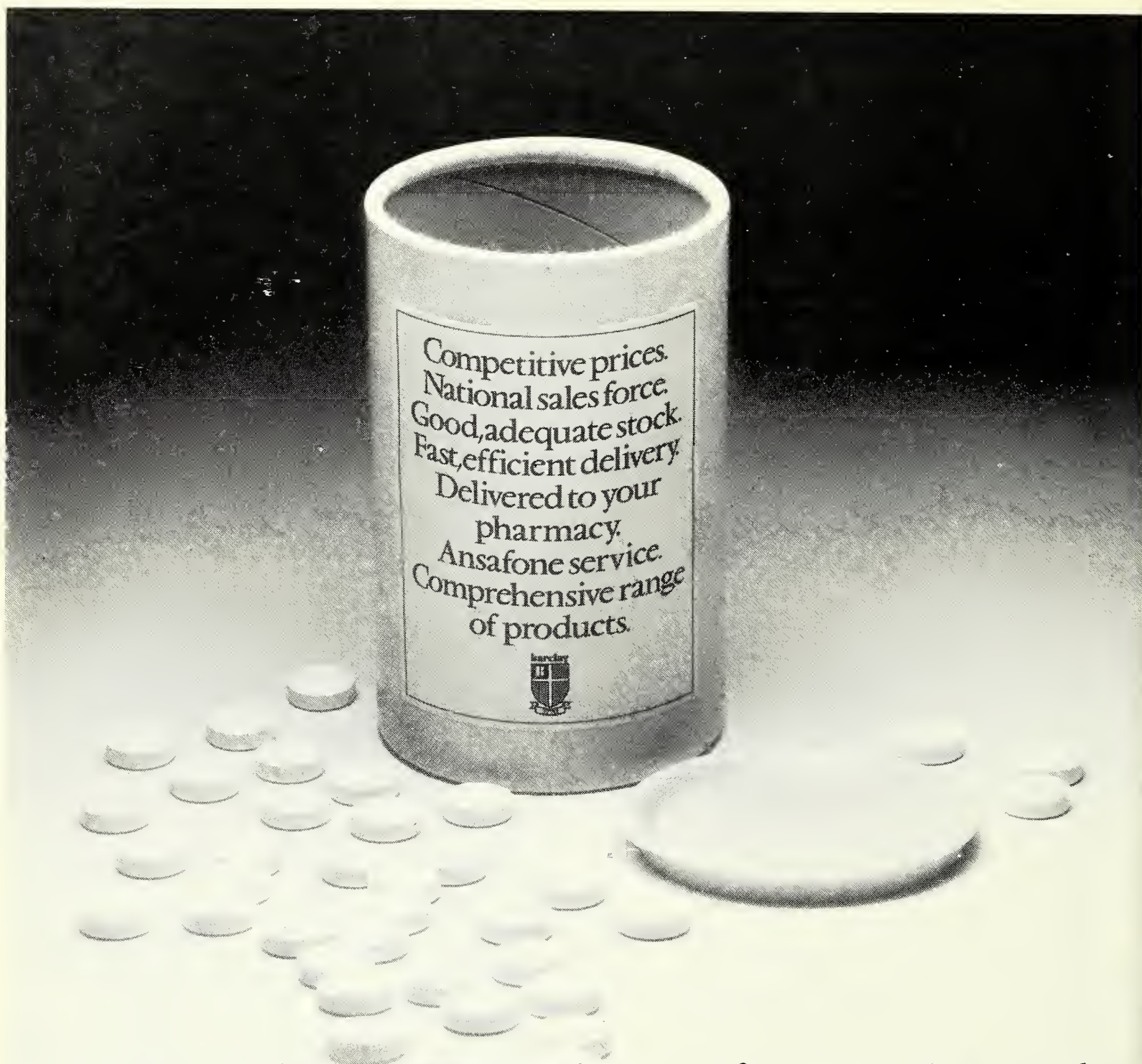
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